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ABSTRACT

This monograph addresses topical issues in training, service delivery, and research for minorities in communication disorders. It presents extended versions of papers that were delivered at the conference, "Concerns for Minority Groups in Communication Disorders," held in Nashville, Tennessee on September 17-19, 1984. Papers include: "The First Thomas E. Poag Memorial Lecture" (S. Allen Counter); "Valid Predictors of Minority Student Success" (Harold Powell); "Effective Counseling of Minority Students" (Elaine J. Copeland); "Opportunities and Responsibilities for Developing Positive Minority Initiatives in Higher Education" (Frank W. Hale, Jr.); "The Aging Minority: American Indian Perspective/Community-Based Rehabilitation Solution" (Gail A. Harris); "The Difference That Differences Make: Class and Culture as Components of Black Self/Group Awareness" (Thomas Kochman); "Theoretical Frameworks and Language Assessment" (Fay Boyd Vaughn-Cooke); "The Non-Native Speaker: Testing and Therapy" (Florence D. Wiener); "Assessment Instruments for Minorities" (Mary Ann Acevedo); "Alternative Strategies for the Teaching of Language to Minority Individuals" (Harry R. Seymour); "Language Policy for Immigrants and American Citizens Whose Native Language Is Other Than English" (Sarah E. Melendez); "Need and Justification for Bilingual Education for Minority Groups with Communication Disorders" (Ramon L. Santiago); "Sickle-Cell Anemia and Hearing Loss" (Diane Scott); "Verbal Communication of Minority Adolescent Mothers" (Bertha Smith Clark); "Backpacks or Parachutes: Management's Challenge of the Future" (Ronald E. Galbraith); "Legal Issues Affecting the Delivery of Services to Minorities" (Donald W. Fish); "Research Needs for Minority Populations" (David Satcher); "The Social Responsibility of the Minority Researcher" (Lorraine Cole); "The Development of Linguistic Norms for Nonmainstream Populations" (Ida J. Stockman); "Pragmatic Aspects of the Language of Speakers of Black American English" (Elaine Bremer Lewnau); and "Communication Disorders in Africa and the Caribbean: Some Implications for Black Americans" (Orlando L. Taylor). (JDD)

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Concerns for Minority Groups in Communication Disorders

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CONCERNS FOR MINORITY GROUPS IN COMMUNICATION DISORDERS

CONCERNS FOR MINORITY GROUPS IN COMMUNICATION DISORDERS

Edited by

Fred H. Bess, Ph.D.
Bertha Smith Clark, Ph.D.
Harold R. Mitchell, Ph.D.

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AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION
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"There is no defense or security for any of us except
in the highest intelligence and development of all."

Booker T. Washington
Address in Atlanta,
18 September 1895.

PREFACE

In 1970, the Division of Hearing and Speech Sciences of Vanderbilt University School of Medicine and the Department of Speech Pathology and Audiology of Tennessee State University joined forces to develop a graduate level training program in communication disorders that focused on the specialized problems of speech, hearing, and language of the minority populations, especially children. The program has been funded, in part, by the Maternal and Child Health Services (formerly the Children's Bureau), Bureau of Community Health, U. S. Public Health Service (MCHS). This formal agreement was preceded by informal networking efforts, that began in the mid 1950s, under the capable and farsighted leadership of chairpersons Freeman E. McConnell, Ph.D. (Vanderbilt University School of Medicine) and Thomas E. Poag, Ph.D. (Tennessee State University), as well as the support and encouragement of Dr. Donald Harrington of MCHS. Through this cooperative arrangement, faculty and students of the two university programs and staff of the Bill Wilkerson Hearing and Speech Center have participated in jointly sponsored guest lectures, workshops, practicums, academic courses, and recruitment activities. In addition, some faculty members hold joint academic appointments between the two programs. Since the beginning of this cooperative effort, numerous minority students have received graduate degrees in communication disorders and many have gone on to assume leadership roles in our profession. Nevertheless, we continue to witness a significant dearth of leadership personnel in speech-language pathology and audiology among minorities. In fact, minorities account for only about 3% of the professionals in communication disorders; yet, these populations comprise a much higher proportion of the underserved populations in our profession. Understandably, this paucity of minority personnel has led to an inadequate representation of service delivery and research with underserved populations.

Thus, we have the general focus on this monograph—to address important topical issues in training, service delivery, and research for minorities in communication disorders. This monograph represents extended versions of papers that were delivered at the conference, "Concerns for Minority Groups in Communication Disorders," held at the Bill Wilkerson Hearing and Speech Center, Nashville, Tennessee on September 17-19, 1984. The symposium was sponsored by the Vanderbilt University School of Medicine, Division of Hearing and Speech Sciences; the Tennessee State University, Department of Speech Pathology and Audiology; and the Bill Wilkerson Hearing and Speech Center. This monograph was assembled to provide a source of data for development and/or refinement of programs designed to meet the needs of the communicatively impaired. Indeed, it is our sincere hope that the contents of this report will serve to help narrow the gap between the need of minorities in communication disorders and the specific services available to meet those needs.

The development of these proceedings as well as the conference itself, involved the participation and cooperation of many individuals. Foremost, has been the invaluable support of Aaron Favors, Ph.D. (Maternal and Child Health Services) who recognized both the need and the value of a forum to examine the concerns of minorities in our profession. We are grateful to the staffs (including students) of the sponsoring institutions (Vanderbilt University School of Medicine, Tennessee State University, and Bill Wilkerson Hearing and Speech Center) for their time and effort in the planning and execution of the conference. We are also appreciative of the participants, most of whom prepared special versions of their conference papers for these proceedings. Finally, we wish to acknowledge the American Speech-Language-Hearing Association for their support in the publication of this document.

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Chapter 1

THE FIRST THOMAS E. POAG MEMORIAL LECTURE

S. Allen Counter

Harvard University, Cambridge, MA

I am proud to say that Dr. Poag was my teacher, my good friend, and my ideal of the quintessential educator. If Dr. Poag were here today he would be proud to look out over this audience and see so many fine White and Black scholars sitting together and working in harmony. If Dr. Poag were here today he would say that we have made great strides in our efforts to enhance the status of minorities in higher education, but we still have a long way to go. It often amazes me when I talk with students at Harvard and other institutions, just how much they take for granted, and how little they know about the history of the long struggle of minorities in higher education—the struggle that made it possible for them to sit comfortably at institutions like Harvard, Vanderbilt, or Tennessee State today. Sometimes I feel, on one hand, that it is good for them not to have to deal with the complexities of the social and political issues that so distracted us as we pursued our education in the 1960s and 1970s—that they should simply focus on their academic work. On the other hand, however, I feel that most of our Afro-American students, our Native-American students, our Hispanic-American students, our Asian-American students, and indeed, our Euro-American students have too little knowledge of this history of higher education in America to appreciate the more subtle issues relating to race, ethnicity, academic status, economic status, and social status, today. In other words, without some historic perspective, is not this entire process of the struggle in higher education and knowledge of our hard-earned gains lost on this group of young people?

When we compare the privileges of our students today with those of 20 years ago, it may appear on the basis of *prima facie* evidence that they are better off. For example, the minority student today will find it somewhat easier to matriculate at predominantly White schools like Vanderbilt, Johns Hopkins, Harvard, and Yale, than 20 years ago. Some, however, feel that the more we examine this issue, the more the hypothesis (of easier matriculation by minority students at predominantly White schools today) seems to come apart. Perhaps 20 years ago, we, who could not attend these schools, were better off. Let us examine the minority student's position 20 years ago.

Twenty years ago, I stood here (with several others) as one of the first Afro-Americans to take courses at Vanderbilt through a new cooperative effort between Tennessee State University and Vanderbilt University. This arrangement was initiated by Dr. Thomas E. Poag, Dr. Freeman E. McConnell, Dr. Don Harrington, and other forward-thinking individuals of that time. One might ask, why would a professor and dean such as Dr. Thomas E. Poag, want to encourage such academic cooperation between a predominantly Black school and a predominantly White school in the 1960s during the Civil Rights Movement?

The answer is quite simple. First of all, Dr. Poag was an innovator, a person who felt that this country had to change its social plan and begin to educate all of its American citizens on an integrated and equal basis. Dr. Poag also felt that it was very important for his students to meet, know, and interact with White professionals in the same field. Furthermore, Dr. Poag was a pragmatist. He realized that Tennessee State University, a predominantly Black school, had been allocated few resources, had almost no equipment, and very little in the way of money to buy equipment. In contrast, the predominantly White schools sitting next door to us had been allocated all manner of resources from private, federal, and state funds for the White students. This arrangement automatically gave the White American citizens considerable advantage over all other citizens. "How unAmerican!" Dr. Poag would say. Dr. Poag wanted us to have those same advantages.

Dr. Poag understood the sociopolitical reality of American life. He understood that while the Black and White academic institutions were "separate and unequal" in terms of resources—the Black and White students and faculty—were "separate but equal" in their potential. He taught this concept to his students and took on the challenge of higher education with the philosophy of equality of the races.

Twenty years ago, and indeed up until about 10 or 15 years ago, thoughout the South, we had in each state, a state university for Whites and a state university for Blacks. It does not matter how we try to rationalize it. What we had was an apartheid system that was essentially no different than the apartheid system we find today in the other "USA"—the Union of South Africa. We had a University of Florida for Whites that excluded Black American citizens. It was not until the late 1970s that the number of minority students in that very large university reached the level of 100. In fact, there were more foreign students at the University of Florida throughout most of the 1970s than there were Afro-American higher education students from the state of Florida or anywhere else. We also had a "University of Florida Black." It was known as Florida A & M, a school that has produced a number of distinguished American citizens, including the present President of Tennessee State University, Dr. Frederick Humphries. I dare say that if one were to compare the records of the "University of Florida Black" with the "University of Florida White," and used the criteria that we typically use in this society for success, achievement, and contribution to the betterment of our country, one would be surprised to see that the "University of Florida Black" has done an exceptionally outstanding job in comparison to its White counterpart.

Let us come to the state of Tennessee, where we have had for years a "University of Tennessee White" in Knoxville with other White subsidiaries and a "University of Tennessee Black" in Nashville. The Black University of Tennessee was called Tennessee A & I. The Black University of North Carolina was called North Carolina A & T. The Black University of Arkansas was called Arkansas AM & N. With the exception of Texas A & M, where mostly poor White farmers had to go to school, most schools for Black had identifying initials such as A & I, A & T, A & N. This titling was a part of the old Booker T. Washington strategy to assuage the fragile egos of southern White racists. It was designed to convince Whites that Blacks were not getting the same level and quality of education that they were getting, and that their education was vastly superior to that which was available from inadequate Black schools. It was assumed that Blacks were only going to be persons in agricultural and industrial (A & I) or agricultural and normal schools (schools for the teaching of farming) or acquire only agricultural and mechanical (A & M) skills.

Nevertheless, these schools went on to produce some of the finest teachers, writers, lawyers, and professors that you will find in this country. Our Black leaders in education were masters in manipulating and extracting from an apartheid system those things which were in the best interest of Afro-American people and all American people. They used the agricultural, mechanical, technical, and normal descriptions of their colleges as a shield to blind the powers that controlled the funds to support education—and, while behind that shield, they provided excellent liberal arts educations and produced most of our professionals and educators.

Black educators, lawyers, doctors, and other professionals did not have the advantages of old-boy systems already established, the long-term family names established in the White communities, and easy access to the halls of economic power. Even after establishing themselves, they still had to overcome the additional barriers of being essentially isolated and excluded from much of the society. If we cite the state of Tennessee as an example, we will find that the "University of Tennessee White" was allocated most of the state's resources for education. The "University of Tennessee Black" was by comparison allocated nothing. Every level of society was contrived to defeat the Afro-American citizens. Mere handouts, enough to barely keep the programs going, were given to Afro-American leaders who had to grovel and beg for what was rightfully theirs.

It did not matter that the persons being educated at these institutions had defended this country in war, had a long history of loyalty to this country that cannot be matched by any other ethnic group, were then, and still are, today, loyal to this country first. In spite of their full citizenship and loyalty, most southern Black Americans from high school through the universities of their state, were provided with inferior books, inferior quality materials, inferior equipment, and allocations of money which were vastly inferior to those of their White counterparts.

As a young man leaving high school in the South, I discussed with my parents which college I should attend. I had been encouraged by some to seek a northern college. My choice was Yale. I had been encouraged by others to seek a southern White school and take on the challenge of integration. At first I looked seriously at Duke University, however, my parents, whom I had depended on for wisdom in such matters and whom I respected a great deal for that wisdom, said to me

> "No, you must attend a predominantly Black university. We feel that it is important for you to get that cultural grounding that is so necessary to carry you for the balance of your life. Perhaps if you choose to go on to even higher levels of education you can then look at a Yale or some other school, but we feel that for your cultural grounding you must attend a predominantly Black school."

Then they presented me with a list of the traditionally Black colleges. I considered many of the very fine predominantly Black colleges, including Morehouse, Fisk, and Tennessee A & I. Because of a scholarship and Dr. Poag's interest in my theatrical record, the choice was Tennessee A & I.

I believe to this day it was the best choice, because at Tennessee A & I, I was exposed early on to a philosophy of education which will prove in the long run to be very vital to the educational advancement of this society, and will probably be adopted in the future by most if not all public schools. Our president at the time of my matriculation was Dr. Walter Strother Davis. Dr. Davis, and his good friend and Dean, Dr. Poag, believed in open education. Dr. Poag is recalled to have said, "Take in all who feel the need and are capable of applying. Give them all the help and support and encouragement we can, and the best of them will make it through this academic institution." It was not that he did not set standards. In many ways the standards were set by ourselves. Those persons who were serious enough and interested enough to apply, and who had a reasonable high-school record, were admitted, supported, encouraged, and developed. I would venture to say that most of them went on to higher positions and to perform as well as their White counterparts in positions at the "University of Tennessee White" or the White private institutions. To be sure, there were some who, even after remedial help, remained mediocre students. They were no different, however, from that equivalent number of mediocre White students who matriculated at the "University of Tennessee White," many of whom we see every day working in the finest of jobs that have been provided for them by "White affirmative action" programming. Of course, it is not called "White affirmtive action." *Affirmative action* only applies to minorities of color in this country. Mediocre Whites are referred to as *basically qualified*.

I came to the "University of Tennessee Black" with the hope of becoming a pre-law major, however, I always had a fascination for the sciences. I started as a biology major. My extracurricular work included the theater guild where I was greatly influenced by Dr. Poag. On one day, Dr. Poag, whom

I had come to admire greatly, asked me to meet with him to discuss my future. He often treated me as a son and most other students as his children. During this meeting, he convinced me that I could combine my interest in pre-law and my biological science interest by studying audiology and speech-language pathology in a new program he was developing. This sounded fascinating to me. And this man, with his big warm smile, could convince anyone, even the most skeptical of persons, to march in the direction he advised. Dr. Poag pointed out to me that he had worked to develop a Vanderbilt/Tennessee State consortium or cooperative whereby selected individuals would go over to Vanderbilt by bus and study under Vanderbilt professors and use Vanderbilt facilities. Dr. Poag also informed me that all of our teachers in this situation would be White. Some, he said, would come over to lecture to us on the campus of Tennessee State, but others would meet us at the Bill Wilkerson Hearing and Speech Center where they had a great deal of training equipment. As I recall, there were six of us selected to take on this challenge. Dr. Poag met with us, and in his very gracious way, he talked about the challenge before us academically.

But he did not worry so much about the academic challenge as he did about the social and racial challenge. He told us that we would meet with Whites who, because of their fears and cultural deprivation, were unaccustomed to dealing with students whose color was different than theirs. He pointed out that we would have to be tolerant of them and understand that if they evidenced prejudice, they often "could not help themselves." But in some cases, we would have to help them overcome their fears and ignorance. He also indicated that there were some very fine Whites in the Vanderbilt-Bill Wilkerson complex who were progressive enough to try this cooperative, and who were all committed to Civil Rights and education. He said that those who had helped him develop this program felt that Blacks as well as Whites in the state of Tennessee and indeed in Nashville, deserved the same education.

If I recall the names of this group correctly, the Black students in this cooperative were: Iva Craddock, Ernest J. Moore, Henry Taylor, Bertha Smith (Clark), Brenda Simmons, and myself. After the initial meetings and when the barriers were broken, we got along reasonably well with most of our teachers. I think we fairly quickly convinced most of them that we were capable of doing the work. But there were the little things, the little things that we ended up laughing at later, that at the time were not so humorous. There were some White students who turned the lights out on us to see if they could find us. There were some White clinicians and teachers who rushed us into a room to hide us before the White parents came in to see us observing the therapy with their kids. And, of course, there were the professors who, because of their insecurities, refused to talk with us as students during the class break or otherwise. Some seemed to feel that they were doing missionary work and that we were far too inferior to be in their advanced academic programs of speech-language pathology and audiology.

I am certain that none of our White professors could have predicted our academic futures, but Dr. Poag knew that in each of us—his sons and daughters as he used to call us—was a potential Ph.D., an outstanding person in the field. Dr. Poag knew, because he had that kind of insight. He knew the quality of people that he had been accepting in the "University of Tennessee Black." Today, Dr. Bertha Smith Clark has her Ph.D. and is on the faculty of both Tennessee State ("The University of Tennessee Black") and Vanderbilt. Dr. Henry Taylor has his Ph.D., and Dr. Iva Craddock received her Ph.D. and was on the faculty of a southern university. Dr. Brenda Simmons received her Ph.D.; Dr. Ernie Moore received his Ph.D. from the University of Wisconsin and is now Chair of the Department of Audiology and Speech Sciences at Michigan State University. I went on to receive my doctorate at Case Western Reserve University and later joined the faculty of Harvard University in biology and neurology where I am presently employed.

The point of all of this is that there were many others who could have performed equally well had they been given the chance. Six was the quota at that time. Nobody objected to quotas, of course, as long as they related to minorities of color. If there had been 36 of Poag's students, I am sure that each of them would have achieved similar levels of success. I remember coming to speak with Dr. Poag in private, telling him that I was concerned about the fact that one of my White professors from Vanderbilt found it very difficult to interact with me. This professor seemed to feel that the minority students were there because of some special affirmative action program, and that we did not deserve to be there. Dr. Poag called me to the side, sat me down, and said many words of encouragement. He told me how to try to ignore the slights and the professor's insecurities. He reminded me that it was not because I was Black, but because he was White. He told me to move on in spite of this. I remember later bringing Dr. Poag my grade from this same course (which was an "A"). He had a way of saying things that, hopefully, you will appreciate in the context of those times. He had a way of saying funny things. I remember he saw me in his office, and he put his arm around me and said, "All of my children are stars. All six of you have "A"s. You responded to that situation correctly, with scholarship." He was so proud, and he made us proud to be his students.

That was 20 years ago. Since that time, Dr. Poag has left us. Before his departure, however, he was honored by the American Speech-Language-Hearing Association for his great contributions to the education of all Americans, not just minority Americans or Afro-Americans. But in the course of educating us he educated many, many Americans—Black and White. Since that time, the time of special people and special efforts—special people like Dr. Poag, Dr. McConnell, and others—I ask you how much progress have we made?

We now have Dr. Bertha Smith Clark on the faculty of Vanderbilt, and, if I am not mistaken, she is the only Black faculty member in this department. If one were to examine the other schools in this area, one would find that there is only a very sad token representation of minorities in teaching and professional positions in the state of Tennessee. If one were to come to Harvard, one would find that there is only a token representation of minority teaching and research professors, clinicians, and others at Harvard University. In fact, it may shock you to know that in my 14 years of serving Harvard there has been no other teacher of biology or neurobiology, or of Afro-American background, other than me. This is unacceptable. There are people right now at Tennessee State, like Mrs. Exum in biology, and the distinguished chemist and now President, Frederick Humphries, who know as much science as any of my colleagues and could easily be teaching at Harvard. So, something is still wrong. We have not completed our work. There is still a great deal of inequity in our society, and we can see it here.

Dr. Poag would say that we have a long way to go. I have been told that even in Vanderbilt's Medical School there has been little progress made with regard to including minorities. The first Black to enter Vanderbilt Medical School in 1966 came from Tennessee A & I. He is now Dr. Levi Watkins, Jr., staff cardiac surgeon and professor at the Johns Hopkins Medical School. In spite of the fact that some at Vanderbilt tried to keep him out and discourage him from completing school, he graduated in the top of his class.

What all of this might tell us is something rather interesting and revealing. Twenty years ago, a professor at Tennessee A & I, who was known for his humor and humorous anecdotes, stood up one day and said,

> "You know, used to be, White folks would take the colored people up there in schools like Cornell, Ohio State, Harvard, and Yale, and educate 'em and let 'em get those Ph.D.'s because they knew they were going to come back down here and teach at these little colored schools. Right now, White folks' not so inclined to do that, and they won't be in the future because they realize if they give you those master's and Ph.D.'s you'll be standing out there in the employment line with 'em."

I can recall the entire class bursting into laughter at these statements, but little did we know that disguised by that humor was a very profound statement. That statement is the fundamental reason for the inequity that we see in our society today in higher education. It is an economic reason with sociopolitical overtones. It may be summarized as racism. If the proper integration of the economy of this country had taken place in the last 20 years, there would clearly be a higher percentage of Black professors in schools like Vanderbilt, the University of Tennessee, the University of Georgia, the University of Florida, and Harvard University. It could be that our humorous professor was also correct in saying that when the predominantly White schools do prepare a few Blacks, they expect the Blacks who have received their doctorates to return to the predominantly Black schools or communities and interact with or teach only those persons of their background. If this is the case, we have made very little progress since Dr. Poag's time.

One blatant example of racism in higher education is seen when very fine Black schools in this country, with long and well-established histories and traditions, are asked to dissolve their present structure in order to accommodate more White professors and administrators or to dismantle entirely. For example, Tennessee State University, a predominantly Black school, has always been open to Whites who wanted to get a quality education. The "University of Tennessee White" was traditionally not always open to American citizens of color. The University of Tennessee, Vanderbilt and other predominantly White schools did not live up to the creed of the United States and its constitution. The predominantly Black "University of Tennessee Black" did live up to that creed. Now, if we have to dismantle one of the schools, should it be the institution that has lived up to its responsibility to its citizens that should be dismantled?

Some in this city feel that Tennessee State University has recently become the target of those who disregard the Black education tradition and would like to dismantle the university. If permitted, the same people would destroy all opportunities for education and jobs for minority students. How do we challenge this? If Dr. Poag were here today, he would challenge it very much along the same lines he did some 20 years ago. I am sure he would employ many of the same formulae (with some modifications, of course). He would call upon those in our White community who are honest and fine people and say to them: We must come together to change this situation. Just as he spoke some 20 years ago with Dr. McConnell and others about the cooperative efforts between the "University of Tennessee Black" and the White academic and political institutions, he would appeal to individuals today in the same way, to say that we have to continue to provide quality higher education to minorities.

We have not lived up to our commitment to fully involve the qualified and talented Afro-Americans of this society in the on-going process of education. Our integrated educational institutions have often been more discouraging to Afro-American citizens than encouraging. And to be sure, there are some Blacks, who because of laziness, poor training, poor skills, and otherwise, have not lived up to their end of the bargain. They would simply profit from the hard work and special efforts of those persons of minority background who are indeed very well-qualified and have worked hard at what they do. But the mediocre individuals are very few. They are often pushed to the forefront as examples of widespread mediocrity when in fact they represent only a small segment of the Afro-American population. We must work to encourage our young minority students to take their studies more seriously—to work hard—to do for self.

I say to you that the challenge before us today is that of reaffirming our commitment to providing quality education for our minority citizens, be it here at Vanderbilt or what still amounts to the "University of Tennessee Black." And, once we have educated representative numbers of our minority citizens, we continue to support these individuals based on their qualifications. I might add that this support should be extended to the job market as well as our appointments to institutions of higher learning. If Dr. Poag were here today (and in many ways he is here in me and many of the students who are present, as well as in those who cared a great deal for him) Dr. Poag would say that while we have made progress in the area of higher education, that this progress is all too little. He would say that society can no longer expect us to serve in the armed forces of society, be contributing members of this society, and demand any less of our entitlement to this society in the area of education.

A major problem today is a lack of commitment at every level of this society (including the present administration) to the quality education for its minority citizens. It is quite possible that the lack of commitment to support for minorities in higher education, from the federal level on down, is a deliberate policy. An equitable policy would mean sharing the economic advantages of the society—economic advantages to which all American citizens are entitled. It would mean permitting Afro-Americans to graduate from the position of observer-capitalists to participatory-capitalists, roles which have long been prevented by the majority population in the society.

If I leave you with any thought today, it should be that 20 years since the innovative efforts of Dr. Thomas E. Poag to include minorities in the on-going process of higher education in the society—20 years since that time—we have made some progress, but we have not make enough progress. Unless we change and change drastically, I foresee serious confrontations between the races in this country. And next time, unlike the civil right struggles of the past, the confrontation will be based on much more knowledge of technology. This confrontation will be much more capable of tearing the fabric of this society apart.

America has increased its diversity to include not only Euro-Americans and Afro-Americans but a much larger number of Hispanic- or Latino-Americans as well as Asian-Americans. Each of these groups will be demanding some level of particpation in this society. Education is the means by which most individuals in these groups will attain that desired participation. We have a commitment to all of America's citizens to provide for them an opportunity to participate in higher education in this society. Afro-Americans who have opened the doors and traditionally been the innovators of civil rights for all in the society must realize that the competition is getting stiffer. We must be aware that the White majority in this society will still resist progress made by minorities and limit access positions for minorities. The Afro-American population could easily find itself being pitted against other minority groups because there are a limited number of access positions and spaces in the society—whether these positions are in education or otherwise.

We must, therefore, work to prepare our youngsters at a much earlier age. We must work from the level of kindergarten through secondary schools, to train them as well as to educate them. To educate them is to expose them to as many of the realities of the world as possible, to give them the proper political education, to let them see where the challenge is, where the threats are, who is for them, and who is against them. To train them is to give them the proper basic skills that will permit them to take full advantage of the technological advances of this society and to make contributions to those advances. This will require of minority educators the same type of special commitment demonstrated by Dr. Poag some 20 years ago. We must prepare this generation of Black students to achieve through higher education. Otherwise, the Afro-American race, that special new race created in this hemisphere (the only other one like it is that of the coloreds of South Africa) will at worst disappear, or at best remain peripheral to the mainstream of American society.

Chapter 2

VALID PREDICTORS OF MINORITY STUDENT SUCCESS

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In a discussion of the sociology of education, Goslin (1965) wrote that "education is the chief means by which the . . . minority group member may improve his position" (pp. 125–126). This is an important concept in a society in which the gap between the "Haves" and "Have nots" is widening continuously. Minorities constitute a disproportionate percentage of the "Have nots," and education is one of the weapons by which they can improve their status. Ironically, the trend for minorities is toward a decreasing participation in higher education. According to the Second Annual Status Report on Minorities in Higher Education (American Council on Higher Education, 1983), the percentage of minorities enrolled in college as well as graduate and professional schools has been declining in recent years.

Additionally, a number of studies have indicated a higher drop out rate for minorities, particularly Blacks and Chicanos (Allen, 1981; de Los Santos, Montemayor, & Solis, 1980). "Not only are Black students more likely than White students to withdraw from college, but they also engage in proportionately more part-time and interrupted schooling. . . ." (Gosman, Dandridge, Nettles, & Thoeny, 1983, p. 210.)

If the proportion of minority students among the total number of students involved in higher education is generally decreasing, the success of the continuing proportion is more crucial than ever. We who are interested in the education of minority students need to identify and come to grips with those factors that can facilitate educational involvement and enhance the probabilities of success. If we can identify those factors that are related to the academic success of minority students, we should be in a better position to plan for that success, that is, to structure the educational environment so as to enhance or impede those related factors, depending on the nature of their effect. This discussion will focus on the results of some of the research on student success in college and, to a lesser degree, on the subjective description of a group of minority students who have had academic success.

MEASURES OF STUDENT SUCCESS

Access to higher education does not guarantee that students will benefit from the opportunity, consequently, a number of researchers have studied students and the college experience to determine which combination of factors produces the optimum results. For the most part, student success in college has been evaluated in terms of student persistence, attrition rate, progression rate, and cumulative grade point average.

Student persistence has been described as the act of remaining in college until one has earned the bachelor's or higher degree, or is still in fulltime study at the time of the follow-up survey (Astin, 1975, Astin & Cross, 1979, Cross & Astin, 1981). A second group of researchers (Iwai & Churchill, 1982; Lenning, 1982; Nettles, Thoeny, Gosman, & Dandridge, 1985) viewed the same behavior from the opposite perspective and focused on attrition rate. Attrition rate is the percentage of first-time, fulltime freshmen who drop out of college at any point in their enrollment prior to earning a degree. This dimension includes both "stop-outs" and "drop-outs." Drop-outs are those students who leave college of their own volition before completing a given course of study. Stop-outs are those individuals who suspend participation in college until a later time.

Progression rate refers to the percentage of first-time, fulltime freshmen who persist and become sophomore, juniors, and seniors in the fall terms of their second, third, and fourth years, respectively, and the percentage that graduate after 4 and 5 years of first entering college. As every student in college knows, cumulative grade point average is a quantitative indication of the student's academic performance. It is obtained by dividing the number of quality points earned by the number of hours pursued during a given time period.

STUDENT PERSISTENCE

Two of the studies that present extensive data about factors related to student persistence in college were reported by Astin (1975, 1982). For the study published in 1975, follow-up data were collected in 1972 on a nationwide sample of 41,356 multiracial students who had originally been surveyed during their freshman year in 1968. For the study published in 1982, there were two sources of longitudinal data. One source was a nationwide study of minority students during their first 2 undergraduate years, which extended from 1975 to 1977. The second source was another nationwide sample of 1971 freshmen who were followed up in 1980, 9 years later. The samples included Blacks, Chicanos, Native Americans, and Puerto Ricans.

The data were collected through national surveys conducted by the U.S. Bureau of the Census, the U.S. Office of Civil Rights, the National Center for Educational Statistics, the National Science Foundation, and the annual surveys of entering freshmen conducted jointly by the University of California at Los Angeles and the American Council on Education. Additionally, there were special analyses of national data from the College Entrance Examination Board and the American College Testing Program (Astin, 1982). Follow-up data were gathered by mailed questionnaires that were in turn followed up by telephone surveys. Even though the response rates varied, the researchers used "a complex series of statistical analyses (to arrive) at what appear to be reasonably valid estimates of college completion" (Astin, 1982, p. 226).

A number of factors were found to be related to minority student persistence in college, but they tended to have different relationships for the different minority groups. For Blacks, the following factors were positively related to student persistence: high grades in high school, high class rank in high school, good study habits in secondary school, having graduated from a high school with a good academic rating, having completed an academic curriculum in high school, and self-perception as a capable student. Also, the higher the parental income and education, the higher was the probability that the student will persist. The factors found to be positively related to persistence for Chicanos were: high grades and rank in high school, good study habits in high school, high SAT/ACT scores, high parental educational level, and having taken an academic curriculum in high school. For Native Americans, the positively related factors were high grade and rank in high school, high SAT/ACT scores, good study habits in secondary school, and self-perception as a capable student. With Puerto Ricans, the factors positively related to persistence in college were: high rank in high school, high SAT/ACT scores, and self-perception as a capable student (Astin, 1975, 1982).

Students persist more in some fields than in others. For example, the fields of military science, pre-medicine, and pre-dentistry had the lowest drop-out rates for students at 4-year colleges and universities (Astin, 1975). The choice of a major in elementary or secondary teaching was positively correlated with persistence to the bachelor's degree for all groups except Chicanos, while the choice of pre-medicine as a major was positively correlated with persistence for all groups (Astin, 1982).

In a study of the relationship between college attrition and financial support, Iwai and Churchill (1982) reported that the students who persisted in college had more sources of financial support than did the non-persistors. Ethnicity was not a factor in that study. Astin and Cross (1979) studied the relationship between financial assistance and student persistence. Their results indicated that financial aid in the form of grants and work-study programs were positively related to persistence, while loans—especially large ones—had a negative relationship with persistence. In another study, Cross and Astin (1981) reported that working 21 hours or more per week had a strong negative correlation with persistence for Black students.

Additional factors were found to be negatively related to persistence. For Blacks, they are: (a) living away from home, (b) having attended a predominantly minority high school, (c) enrollment at a predominantly Black college, and (d) being an older student. For Chicanos, persistence in college was negatively related to living away from home and being older (Astin, 1975, 1982).

Four factors had varying relationships with persistence in college for the four minority groups. The first is a *Self-Perceived Need for Tutoring*. For Blacks, a self-perceived need for general tutoring was positively related to persistence, while a perceived need in mathematics was negatively related. For Native Americans, there were positive relationships between persistence in college and a self-perceived need for tutoring in Reading and Comprehension and in Social Studies. The relationship with persistence was negative for a perceived need for tutoring in English. The second factor is the *Type of Institution* that the student is attending. Attendance of public 4-year institutions was negatively related to persistence for Puerto Ricans, while attendance of private institutions had a negative relationship with persistence for Native Americans. *Quality of the Institution* being attended is the third of these factors. The higher the academic rating of the institution, the greater was the persistence for Blacks, Chicanos, and Puerto Ricans. The relationship was just the opposite for Native Americans, who tended to persist less. The fourth factor is *Location of the Institution*. Blacks tend to persist more at institutions in the Northeast, Puerto Ricans at institutions in the Southeast and Southwest, and Chicanos at institutions in the Plains States. Persistence was negatively related to attendance of institutions in the Plains States for Puerto Ricans (Astin, 1975, 1982).

The factors that correlated strongly enough with student persistence to be considered predictors are high rank in high school, high grades in high school, high SAT and ACT scores, good study habits in secondary school, high parental education, and enrollment in an academic curriculum in high school. It should be noted that SAT and ACT scores did not correlate highly with student persistence for Blacks.

There are other indications that standardized test scores alone are not accurate predictors of the academic persistence of minority students. Hartnett and Payton (1977) studied 208 minority individuals who earned doctorates with support from the Danforth and Ford Foundations and found that "GRE scores . . . tend to be positively but modestly correlated both with graduate school grades and with whether or not one eventually earns the doctorate" (p. 7). They also reported that if GRE scores were the sole criterion for admission to graduate studies, 37% of the 208 persons who earned doctorates would not have been admitted to graduate school. Additionally, undergraduate grades appeared less closely related to graduate school performance by minority students than by students not identified by race.

ATTRITION RATE

Two of the more relevant studies dealing with attrition rates among minority students were conducted by Gosman et al. (1983) and Nettles, Thoeny, Gosman, and Dandridge (1985). Gosman et al. (1983) used a survey instrument called the Institutional Data Questionnaire to gather data from 12 predominantly White and 3 predominantly Black institutions in "eight southern and border states" (p. 212). This instrument gathered data on a wide range of variables, and the institutions were requested to track students who entered in 1975, 1976, and 1977 from entrance through the Fall of 1981. The institutions provided data both combined for all students and separately for Black and White students. The sample consisted of 58,997 White students and 9,374 Black students. Nettles et al. (1985) studied the responses of 4,094 students and 706 faculty members at 30 colleges and universities in "ten southern and border states" (p. 4). The data were collected with four questionnaires: the Institutional Data Questionnaire, the Student Opinion Survey, the Faculty Opinion Survey, and the Employer Opinion Survey.

Gosman et al. (1983) reported results which indicated that Black students had higher attrition rates than White students; however, when the researchers analyzed their data beyond the bivariate Black versus White relationship, they identified predictive factors for attrition that were not related to race. High attrition rates were associated with enrollment at a predominantly White institution, low mean family income, high racial representation on campus, low mean SAT scores, and high percentage of students on campus receiving financial aid.

Nettles et al. (1985) reported the following results regarding student attrition:

1. The overall attrition rate for Black college students is significantly higher than the overall attrition rate for White students.
2. The attrition rate of Black students at Black universities is significantly higher than the attrition rate for Black students at White universities.
3. The attrition rates for Black and White students at Black universities are higher than those for Black and White students at White universities. The last finding is somewhat at odds with the Gosman et al. (1983) finding of a positive relationship between high attrition rate and enrollment at a predominantly White university. It should be noted that relatively high attrition rates have also been reported for Chicanos and Native Americans (Astin, 1975, 1982).

Lenning (1982) listed a number of variables that are related to student attrition. The most significant ones were high-school grades, rank in high-school class, educational level of the parents, socioeconomic status, aptitude test scores, academic curriculum in high school, and the quality of the high school attended. High attrition was associated with deficits in all of those factors. Ramist (1981) wrote that student motivational factors are the critical criteria in student attrition.

Smith (1980) identified a variety of variables in the environments of predominantly White universities that contribute to the high attrition rates of Black students. They were inadequate financial aid, feelings of alienation and loneliness, failure to use available counseling, problems with cultural-racial identity adjustments, and unsatisfactory sexual-social relationships. It appears that the predictors of student attrition include background, environmental, and personal variables.

PROGRESSION RATE

Nettles et al. (1985) subjected their data to a number of regression analyses in order to factor out the variables of race and to focus on the significant predictors of students' college progression rates. Results of the study indicated that the students with high progression rates generally have low financial need, a lack of commitment to the institution, high academic motivation, a strong social network, and few interfering problems. Although race did not exert a significant independent effect on students' progression rates, Black students had a slower progression rate than Whites. Gosman et al. (1983) reported high family income and high mean SAT scores as predictors of high progression rates.

The predictors mentioned in this section may represent categories of factors. For example, low financial need may be related to high parental education and income and low need to work while in college. High academic motivation may be related to high-class rank and grades in high school, good secondary school study habits, having taken an academic curriculum in high school, and aspirations for an advanced or professional degree. All of those factors are positively related to academic success.

GRADE POINT AVERAGE

Both Astin (1975, 1982) and Nettles et al. (1985) identified three factors as predictors of college grade point average. Those factors are high grades in high school, high SAT scores, and high academic motivation. Other factors identified by Astin (1975, 1982) were high rank in high school, good secondary school study habits, high parental income, and having taken an academic curriculum in high school. Other positively related factors identified by Nettles et al. (1985) were integration into and satisfaction with the academic program, low commitment to the institution, and few interfering problems.

From a study of Black students on a White campus, Allen (1981) reported that the academic performance was higher for those students who were satisfied with that institution's college environment. That satisfaction was enhanced to the extent that the students had positive perceptions of "campus race relations and the university's supportive services for Black students" (p. 136). Feelings of racial discrimination had a negative effect on the academic performance of Black students.

Students themselves identified a number of activities and programs that, if provided by universities, would increase their satisfaction with those universities. The increased satisfaction would lead to better academic performance. These activities and programs include tutorial services, academic advisement programs, career advisement, student aid in the form of scholarships, grants and internships, special arrangements, bilingual programs and courses, and interdisciplinary arrangements (Goodrich, 1978).

The predictors which affected all four measures of student success (student persistence, attrition rates, progression rates, and grade point averages) were high secondary school grades, high parental income, high SAT/ACT scores, and high academic motivation. They were positively related to persistence, progression rates, and grade point averages, and negatively related to attrition rates. The second strongest group of predictors included good study habits in high school, high rank in high-school class, having educated parents, having taken an academic or college-preparatory curriculum in high school, low financial need, having few interfering problems, and a lack of commitment to the college being attended. In regard to the last factor, Nettles et al. (1985) found that students progressed faster and made better grades when they were less committed to the institution. They also progressed faster when they had less out-of-class interaction with and interest from the faculty. That finding was not true for Black students who tended to perform better in an accepting environment. Their progression rates were faster when they had a strong social network.

Parental income had a pervasive effect in that it influenced the interfering problems that the student had, the amount of time he had to work to help support his education, the high school and college that he attended, his perceptions of himself, and quite possibly his academic and professional aspirations. Environment can influence one's career goals, and students who aspire to a graduate or professional degree tend to persist in college and earn better grades.

There were some interesting results regarding students' success in relation to the various types of educational institutions. For example, Black students tend to persist at prestigious institutions, although they earn poorer grades. They tend to progress faster, and earn better grades at predominantly Black institutions. The findings regarding whether attrition rates for Black students are higher at predominantly Black institutions or at predominantly White institutions are conflicting (Cross & Astin, 1981; Nettles, 1985). The reasons for the conflicting results are unclear. On the other hand, different behaviors from Black students in the two institutions would be understandable. Cross (1981) reported that the two groups have different philosophies, aspirations, goals, and values. Despite the different orientations that guide Black students to enroll at predominantly Black or predominantly White institutions, many students must reconcile these orientations because they attend both types of institutions at different points in their education.

SUBJECTIVE DESCRIPTION OF MINORITY STUDENTS WHO SUCCEEDED

This is a description of 145 Black students who completed an undergraduate degree in Speech Pathology and Audiology over a 20-year period at a predominantly Black college and went on to complete graduate degrees or are enrolled in full-time study toward graduate degrees in the field. For the most part, the descriptions come from integrated summaries of faculty observations as recorded on academic and clinical evaluation forms and advisor-advisee records. They are subjective categorizations and interpretations of observed behavior.

Of the 315 students who completed the undergraduate program over a 20-year period, follow-up data indicate that 145 went on to study for graduate degrees in communicative disorders. Table 1 contains information about their undergraduate cumulative grade point averages and the degrees that they earned or are seeking.

Eighteen students graduated with grade point averages between 3.5 and 3.92 on a 4-point scale. Of that group, 6 earned master's degrees, and 2 earned master's degrees, and doctoral degrees at predominantly White universities (PWU). One earned a master's degree at a PWU and is now a doctoral candidate at that institution. Four earned master's degrees at predominantly Black universities (PBU), and three others are still in study at PBUs. One student earned a master's degree at a PBU and is now studying toward the doctorate at a PWU. The eighteenth student earned a law degree from a PWU.

Of the 48 students who graduated with grade point averages between 3.0 and 3.49, 17 earned master's degrees at PWUs, and 27 at PBUs. Two students earned the master's and doctoral degrees at PWU, while a third earned the master's degree and is now studying toward the doctorate at a PWU. One student of this group earned a master's at a PBU and is now studying for the doctorate at a PWU. Seventy-nine students had grade point averages between 2.5 and 2.9. Seventeen earned master's degrees, and two are working toward the master's degrees at PWUs. One earned the master's and doctoral degrees at a PWU, while one who earned the master's at a PWU is now working toward the doctorate at the same institution. Fifty-four students earned the master's degrees at PBUs, and three are currently in study. One student earned a master's at a PBU and the doctorate at a PWU.

In terms of their ability to earn one or more graduate degrees in communicative disorders, all of these students appear successful. On the basis of faculty observations, they had some other characteristics in common. Even though the students were not a homogeneous group with even distributions of the observed characteristics, the descriptions to be listed had a general application. The characteristics are not listed in any particular order.

1. They could learn from experience. Constructive criticism, someone else's successful approach, and their own successes and failures were generally not lost on these individuals. They were able to improve their own performance on the basis of all of those sources.
2. They could work independently. They took the initiative to take the action that they perceived as appropriate for a given situation without waiting for specific orders or directions. Some used their experience, while others had the judgment to make defensible decisions.
3. They had specific career goals. They knew what they wanted to become and had timelines for achieving their ambitions. All were ambitious even though all were not confident.
4. They took pride in achievement. Special satisfaction was derived from doing things well. Most of them were willing to put forth the effort necessary to produce a good result.
5. They had good written communication skills. Even if there were problems with writing styles, they had a basic understanding of the rules of grammar.
6. They were embarrassed by deliberate ignorance. If there

TABLE 1. Degrees earned by Black graduates of an undergraduate program in communicative disorders.

Grade point averages	*Total Students*	*Masters earned at PW University*	*Masters and Doctorate earned at PW Universities*	*Masters earned at PB Universities*	*Masters earned at PB Universities and Doctorates at PW Universities*
3.5 - 3.92	18	6	2 (1)	4 (3)	(1)
3.0 - 3.49	48	17	2 (1)	25 (2)	(1)
2.5 - 2.9	79	17 (2)	1 (1)	54 (3)	1

Legend PB = Predominantely Black, PW = Predominantely White, and ( ) = Number enclosed is currently in study.

was information that an instructor/supervisor or they themselves felt that they should know, they wanted to know it. They seemed ashamed to lack a competence that they were expected to have. This characteristic was observed more often in the very top students.

7. They had a strong sense of who they were. This characteristic was noted more frequently for the students who did outstanding academic work. They seemed to have well-developed self-concepts that enabled them to pursue their objectives regardless of group opinion.

No information was available on the GRE or MAT scores earned by these individuals. It can only be noted that all gained admission to a graduate program in communication disorders. None of these students came from an affluent family, and less than 30% had parents who were college graduates. The majority of them were from South Carolina, and they attended graduate schools in states located from Oklahoma to Connecticut. An overwhelming proportion was female. All of the persons who completed degrees, with the exception of three, are still working in the field.

Data have been presented which identified a number of factors that are associated with the success of minority students in college. These factors constitute the kind of information that can be valuable to directors of communicative disorders programs and admissions committee members in graduate schools because they can help those persons to plan situations that are more conducive to success. Some of the predictors are the kind that can be obtained from students' records (e.g., high-school grades, class rank, and standardized test scores). Others require that one have more than passing familiarity with a given student (e.g., parental income and education, study habits, and academic motivation). Still others relate to the environment at the college or university (e.g., satisfaction with the university and a strong support system). Additionally, there seem to be other intangibles that influence the process.

With all of these data, it is still possible that the factors identified do not give the complete story, particularly for a field with the history and unique characteristics of communicative disorders. This is one of the professions in which persons from ethnic minorities are severely underrepresented, and that condition extends to graduate training programs. If the profession is to become more representative of the population that it serves, it must become more multicultural. The system for educating potential speech-language pathologists and audiologists from minority groups must become as effective as the one for educating majority students. To facilitate the change, additional research is needed to identify the factors that predict success in communicative disorders. Because this is a clinically oriented profession, are there student and institutional characteristics to consider other than the traditional ones? To what extent is academic success related to success as a speech-language pathologist or audiologist? Are those factors operative to the same degree for minority and nonminority students? These questions remain to be answered.

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Chapter 3

EFFECTIVE COUNSELING OF MINORITY STUDENTS

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Educators have emphasized the need to prepare and train minority student populations who can succeed in higher education settings and eventually as contributing members of the society as a whole. Effective counseling is often cited as being essential to this process. Virtually all programs designed to increase access and retention of minority student population, whether at the baccalaureate or graduate level, have the following as major components:

1. Academic support or skills programs to assist those students who have some deficiencies in their educational preparation,
2. financial assistance programs to encourage the enrollment of low-income students who otherwise would not pursue higher education degrees,
3. recruiting efforts to identify minority students; and,
4. counseling and supportive services both prior to the admissions process, and throughout the higher education experience.

Effective counseling is essential in order to assure minority students are made aware of the availability of resources needed to pursue a degree and are assisted with the decision-making process of choosing a career. While effective counseling is a crucial element in the education and training of minority populations, inappropriate, ineffective or in some instances, the lack of counseling are cited as impediments to access to services. Critics of counseling have noted that while this process can be extremely useful for all students, some minority students have lowered their aspirations, taken courses in high school that have limited their career choices, and have been "tracked" in nonacademic programs because of insensitive or ineffective counselors.

What is effective counseling? Why is it essential in the academic preparation and training of minority students? What historical events have occurred to sensitize those in the counseling profession, and educators in general, to the special needs of minority populations? What are these specific needs? To answer these questions, the following topics will be addressed: (a) an historical perspective of the counseling profession, (b) counseling needs of minority students, (c) barriers to access, and (d) recommendations for increasing access for minority student populations at all levels of higher education through the counseling process.

COUNSELING: AN HISTORICAL PERSPECTIVE

Counseling is primarily a Western phenomenon having its roots in the early 1900s. The counseling profession developed as a result of the need for vocational guidance/career counseling, adequate mental health care, and the overall objective to adequately educate the masses primarily at the elementary and at the secondary school level. The goals of counseling from its very beginning reflected philosophical American values which according to Sue (1981) emphasize

> (a) a concern and respect for the uniqueness of clients, (b) an emphasis on the inherent worth or dignity of all people regardless of race, creed, color, or gender, (c) a high priority placed on helping others to attain their own self-determined goals, (d) valuing freedom and the opportunity to explore one's own characteristics, potentials and aspirations and a future-oriented promise of a better life" (p. 3).

The impetus for the development of the guidance and counseling movement grew in response to this philosophy, pressing societal needs, and the influx of immigrants to the United States as well as the migration of rural dwellers to the large urban centers. This coupled with the Industrial Revolution created an urgent need for vocational training and counseling services (Aubrey, 1977; Copeland, 1983). Jesse B. Davis is credited with initiating counseling and guidance in educational settings and Frank Parsons with establishing vocational guidance in community agencies. The aim of counseling and guidance was to match a potential worker with a suitable vocation depending on his or her ability, potential, skills and personal characteristics. Psychometrics and subsequently trait-factor psychology gave vocational guidance credibility and a foothold in educational settings. A formal recognition of counseling did not occur however, until the 1940s. While the concepts of self-determination and freedom were major factors in contributing to the importance of educational counseling and vocational guidance in the schools, little if any consideration was given to the needs of specific populations. During the early 1950s one of the aims of counseling appeared to be that of assimilating subcultural populations (i.e. recent European immigrants into the mainstream of Western society). Little if any attention was paid to Black students, as a whole, who by law, were still excluded from many career opportunities because of racial discrimination.

Counseling is viewed by those in the profession as a process by which one individual, who is presumably more knowledgeable, assists other persons in achieving desired educational and personal goals by exploring alternatives, setting goals, and ultimately in making decisions. Although a simplistic description of the process, it describes for our purposes what should happen if the counselor, advisor or helper is effective. While the goals of counseling historically have reflected the philosophy of a "democratic society," and such western ideals ". . . as equal access and opportunity, pursuit of happiness, liberty and justice for all, and fulfillment of personal destiny" (Sue, 1982), it is ironic but understandable how relatively little attention was paid to the special counseling needs of minority students prior to the early 1960s. Several critical events were responsible for drawing attention to the special needs of minority students. One of the most important events was the landmark 1954 Supreme Court decision which outlawed dual segregated public school systems. Prior to the ruling, the expansion of higher education which followed World War II and governmental presence in higher education tended to support the premise that higher education was not just for the elite but should also be available to the masses.

The National Defense Education Act of 1958 emphasized that higher education should be made available to "all who were able" to successfully compete. The change in policy described in Title IV of the Higher Education Act of 1965 emphasized that "all persons who could benefit" from higher education, should have access. The federal legislation served as impetus for the development of special programs for the "educationally disadvantaged." The Trio programs (i.e., Upward Bound Talent Search and Special Services Programs) were established because of the 1965 Higher Education Act. These programs are primarily targeted for the disadvantaged students in order to assist them in matriculating to and achieving at higher education institutions (Clayton, 1979). Many states also developed their own programs to assist this type student to enroll in higher education institutions. These programs are generally collectively referred to as *Educational Opportunity Program*.

This shift in emphasis did not occur without incident. Before and subsequent to the 1954 Supreme Court ruling, Black Americans began to voice their concerns and to "push" for equality in virtually all aspects of American life as evident by the Civil Rights Movements of the 1950s and 1960s. It is understandable that because access to education is so closely related to employment, to economic status, and to one's role in society that our public educational system in general, and counseling in particular, was frequently attacked for not being sensitive to the needs of Black Americans. In many instances the system was questioned for maintaining the *status quo* and perpetuating a discriminatory system.

To rectify past inequities, many colleges and universities began to focus on the needs of the educationally and economically *disadvantaged* and the *culturally deprived* segments of the population. These terms and others like them were used interchangeably when referring to racial minority populations. The use of such terms to describe these populations was frequently attacked because of their negative connotation. Members of racial minority populations seemed to be blamed for their educational and economic status and a respect for cultural differences was yet to be realized. The emphasis on racial pride on the part of many Black activists and a philosophy which reflected the importance of cultural pluralism rather than assimilation stressed that to be different from the dominant culture should not be viewed as being inferior.

Traditional counseling as practiced in many educational settings has been attacked for being irrelevant and not designed to meet the needs of Black students. While members of the Black population initially voiced their concerns for equal access and appropriate services by the early 1970s other minority groups were beginning to focus on their own particular needs. The term ***minority student*** became popularized during this period as other racial populations began to identify educational needs and societal concerns similar to those of Black Americans. It was during this period that many counseling professionals began to examine the impact of traditional counseling on racial minorities. Numerous authors (Atkinson, Morten, & Sue, 1979; Brislin, 1983; Henderson, 1981; Marsella & Pedersen, 1981; Sue, 1981) prepared texts devoted to racial minority subcultural groups. In most instances these texts (except for the one by Brislin, 1983) were prepared for training professionals and graduate students in counseling programs, but much of the information presented is relevant for those involved in counseling and supportive programs. Sue (1981), in particular, emphasized three major barriers that may exist for those who hope to assist the minority client. These barriers are created because of class, culture, and language differences between the minority client and the counselor. He suggested several methods to assist in alleviating these barriers in order to effectively assist students. A thorough discussion on appropriate counseling methods cannot be addressed here. The counseling profession, however, appears to be examining how to best meet the needs of particular subcultural groups. Comprehensive approaches for assisting any minority population who must necessarily be bicultural in our American society are now being put forth. Theoretical frameworks for counseling across cultures are also being developed (Sue, 1981).

MINORITY STUDENTS AND THEIR COUNSELING NEEDS

The term ***minority***, is now used to refer collectively to certain racial populations who reside in the United States. The following racial populations are generally referred to as minority groups: (a) Black/Afro-Americans; (b) Hispanic Americans including Puerto Ricans, Mexican Americans/Chicanos, and Cuban Americans; (c) American Indians/Native Americans including Alaskan natives; and (d) Asian-Americans including such groups as Japanese-Americans, Chinese-Americans, Filipino-Americans and Vietnamese (Astin, 1982; Henderson, 1981). In addition to being a small proportion of the total population of the United States, when compared to the dominant culture, these groups have been victims of inequities due to discrimination. Members of a particular minority group are easily identifiable and prime targets for discriminatory practices primarily because of their physical/racial characteristics. Further, those of a specific group generally share a common culture, history, ancestry and shared norms, values and belief systems (Atkinson, Morten, & Sue, 1979; Copeland, 1982). The term ***subcultural group*** is now used by many persons to refer to a minority group. This term is perhaps positive because of its recognition of specific cultural orientations. It is a negative term, however, when one recognizes that these groups historically have been assigned to inferior status in society which in turn has affected their economic status, educational achievement and opportunity, and political power and influence.

In higher education settings, recruitment and retention programs have tended to focus on "underrepresented" minority group students, those whose numbers are low as compared to their percentages of the total population. Much attention continues to be given to Black and Hispanic students since they now represent the two largest minority groups and continue to be the most underrepresented in higher education. For example, Black Americans make up approximately 12% of the U.S. population, yet in 1982 and 1983 Black doctoral recipients accounted for less than 5% of those receiving degrees (National Research Council, 1982, 1983). Native Americans also continue to be underrepresented at basically all levels of higher education while Asian-Americans as a total group are somewhat overrepresented, especially in certain disciplines (i.e., the sciences and engineering). While they may have similar counseling needs, they frequently are not targeted for special recruitment and retention efforts. It is within this context, then, that effective counseling for minority student populations be discussed.

Counseling for access to higher educational opportunities must begin early. There are several critical periods when positive intervention must occur—during the high-school years, before and during college and prior to and during graduate study. These periods essentially do not differ significantly from those of majority students. The type of intervention needed, however, should be more intensive and comprehensive since the disparity in quality education between minority and White students from kindergarten through high school is generally apparent.

Historically, access was limited primarily because of overt discrimination, currently, many members of minority groups are now limited in their pursuits for obtaining a higher education because of numerous reasons. For example, in some instances, poor academic preparation and low economic status due to these past inequities, are now further complicated by subtle racial biases on the part of those in authority. Students at the high-school level are frequently assigned to courses on the basis of their standardized achievement test scores, past academic performance and, in some instances, because of discrimination. In many public school systems, disproportionate numbers of Black, Hispanic, and American Indian students continued to be assigned to special education classes (Mercer, 1973) and to vocational-oriented rather than college-preparatory curricula. A recent report on the needs and status of Black youth in an Illinois school system revealed that Black high-school students routinely followed this pattern. Further, while a greater proportion of these students were enrolled in vocational/technical programs, few took the advanced courses to complete these programs (Report of the Needs and Status of Black Youth in Champaign District IV, 1982). The results of the study indicated that Black students who pursued vocational curricula were leaving the high school educationally handicapped. These students were not immediately employable because they had not completed the advanced vocational courses and frequently they were all prepared to enter college.

The dropout rate for minority students at the high-school level is even more alarming. For example, the attrition rate for Black students is approximately 28% and for Hispanics, (i.e., Mexican Americans/Chicanos and Puerto Ricans) is 45% as compared to 17% for White students. For these groups, attrition begins early and continues throughout the secondary school years. For those who complete high school, the situation improves since most minority students who complete high school, with the exception of American Indian students, enter college at about the same rate as their White counterparts. But many have not been encouraged to consider the college-preparatory curriculum. Thus, while they possess the diploma, they do not always have the preparation to favorably compete for admission to many of the prestigious colleges or universities. We now find a disproportionate number of minority students, especially Hispanics and American Indians, highly concentrated in the community college systems. While this finding should not necessarily be viewed negatively, the numbers of students transferring to 4-year institutions is small. For example, Orfield (1984) found that in 1982 less than 10% of the minority students (i.e., Blacks and Hispanics) who attended the Chicago city community college system transferred to 4-year colleges or universities. Only 5 students transferred to the University of Illinois, the premier state institution.

In addition to inequities in academic preparation, standardized test scores continue to dramatically influence whether a minority student is admissible to a college or university. Those who counsel students, at the high school or college level, must be sensitive to the cultural biases inherent in tests. The negative effect of the misuse of test scores for a particular minority group should be recognized. Standardized tests have traditionally been used as tools in the counseling process. According to Linn (1983), standardized testing today is a widespread activity which greatly impacts a variety of educational decisions. Achievement tests play a major role not only in the placing or "tracking" of high-school students, but in the admission of these students to undergraduate colleges and subsequently to graduate and professional study. The interpretation of test results for the purpose of education counseling has clearly been inappropriate for many minority populations. Some educators have called for a moratorium on testing minority populations (Samuda, 1975). Our American educational system is not likely, however, to take such drastic measures. It is imperative that more attention be paid to the misuse and misinterpretation of test results. It is unethical for those in decision-making positions to use inflexible cut-off scores in the admission process. In a paper presented earlier this year (Copeland, 1984), I addressed the problems of the declining presence of Black Americans in graduate school and among the faculty at colleges and universities in this country. A major topic of this study focused on the misuse of the Graduate Record Examination (GRE) in the admission process. Results indicated that the performance of Black test takers that they had historically scored and continued to score lower than White test takers on the General Aptitude Examination

TABLE 1. A comparison of GRE verbal, quantitative, and analytical mean scores for Black and White examinees 1978-79 to 1981-82

	1978-79	*1979-80*	*1980-81*	*1981-82*
		GRE-V mean by ethnic group		
Black	363	363	370	365
White	511	511	511	510
Total	499	500	499	498
		GRE-Q mean by ethnic group		
Black	358	362	363	363
White	525	526	528	534
Total	512	513	516	521
		GRE-A mean by ethnic group		
Black	352	356	364	382
White	529	534	537	533
Total	513	519	522	520

Source: Graduate Record Examination Data Summary Reports, 1978-79, 1979-80, 1980-81, 1981-82.

Note: Princeton, N.J.: Education Testing Service. Adapted by permission.

of the GRE (GRE Data Summary Reports, 1978-79, 1979-80, 1980-81, 1981-82).

Reasons for this disparity, however, often go unnoticed. Rarely do those who counsel and advise students consider the factors influencing these results. For example, a summary of the characteristics of high-school test takers of the GRE for 1981-82 (Goodison, 1983) revealed that approximately 70% of Black test takers, 52% of American Indians, 71% of Mexican Americans and 68% of Puerto Rican Americans reported an annual family income of less than $15,000. In contrast, approximately 33% of the White test takers came from families of similar income. An examination of educational attainment of both parents revealed simple disparities between groups. Although disparities (i.e., parental education and income, do not totally explain a complex problem, it is essential that those who counsel and advise students during the application process be aware of these group differences).

It is obvious that effective counselors must advise students regarding course selection and present appropriate interpretation of standardized tests. It is also imperative that counselors motivate and develop the potential of students. We are now experiencing patterns of career selection, especially for Black and Hispanic students, which should recognize the limitation of perceived opportunities and lack of information. The problem of underrepresentation then becomes a vicious cycle. Minorities are slow to explore those academic disciplines where few of them have been before. Furthermore, few minority students have direct contact with professionals in a variety of fields. When minority students do not see others like themselves in certain academic disciplines, they are less likely to consider these career alternatives. The importance of role models with whom minority students can relate is a critical issue in the career development of minority students.

Throughout the previous discussion the focus had been on global and specific counseling needs of minority students including the problems of access of resources. The question then, is what should be proposed both in terms of solutions to immediate problems and development of long-term goals? The following specific suggestions, while not all inclusive, are proposed for those who seriously want to develop programs and activities which will influence change for all minority student populations. Each student will vary as to need for the type of support available. All minority students will benefit from having the issue of effective counseling raised.

RECOMMENDATIONS

There is a need for intensive educational, career, and personal counseling at the secondary level. Federally sponsored programs such as Upward Bound, which was developed to assist high-school students, should be expanded to the college level. These programs were designed to provide counseling, academic advising, tutoring, and other academic services to students from low-income levels and generally serve only a small percentage of eligible students. Other activities are now being developed to expand these services to more students. Financial need is not generally a criterion for participation. One such activity, the Principal's Scholars Program, was developed by the University of Illinois College of Engineering and the Office of Admissions and Records in 1975 (Parker, 1977). The Principal's Scholars Program is intended for students in 9–12 grades. The aim of the program is to encourage each participant to take the appropriate academic courses (i.e., 4 years of English, mathematics, sciences, social sciences, and foreign languages in order to be admissible to any academic discipline of a 4-year college or university). Students are also provided seminars on various career opportunities by minorities in various fields. A summer enrichment program is an integral component. Students, parents, teachers, counselors, and the high-school principal must be involved in cooperative efforts to assure student success. This program has now been expanded to include the Colleges of Agriculture, Applied Life Studies, Commerce, and Liberal Arts and Sciences. Twenty-six high schools in the state of Illinois are now being served.

More examples of effective counseling programs for minority students are found at the post-secondary level than in secondary school settings (Clayton, 1979). This development has occurred primarily through federal and state funded programs initiated by the Higher Education Act of 1965. Talent Search and Special Services programs are federally sponsored and assist "disadvantaged" students in applying to undergraduate colleges or universities. Similar activities are now being funded by many states and are generally referred to as Educational Opportunity Programs. Counseling is a major component of these programs. Professionals involved in rendering counseling services are especially aware of cultural and class differences of their students. Frequently, programs utilize graduate students or peer counselors of specific minority group populations to counsel students. Extensive cross-cultural counseling training is generally required of all who serve as counselors.

Students applying to graduate school need to have current information about the program and the institution. The materials received from the graduate college office and/or the specific department of interest can greatly influence the decision. Students need to know: (a) the type and quality of financial support that is available. A description of the dollar amount of the stipend must be provided. Students should know if tuition and fees are waived. If waivers are not provided, they should be aware of the total tuition expense, (b) the scholarly rating of the department and the emphasis of the research, (c) the selection of referees, and (d) the importance of using faculty to write letters of recommendations. Coordinated efforts are now being developed to assist minority students in obtaining information on graduate opportunities. One such activity, a Graduate Education Conference for Minority Students sponsored by the Committee on Institutional Cooperation, a consortium of Big Ten Universities and the University of Chicago, is now held annually (Committee on Institutional Cooperation Biennial Report, 1982-83). A national effort, while not intended specifically for minority students, is the Graduate Record Examination Council of Graduate Schools Forums. These forums have been held for the past 2 years in various locations in the country. All graduate schools are encouraged to participate for the purpose of recruiting students. Workshops on applying to graduate schools are available for participants.

Once the student enrolls, an orientation to the campus is essential (Copeland, 1982). While an orientation program is always advisable, it is especially crucial for the minority student who is enrolled in a large predominantly White institution. Furthermore, minority graduate students should be aware of the presence of minority faculty both in and outside their disciplines. Frequently these faculty members can provide both academic and psychological support. Informal mentoring relationships frequently develop. Participation in minority graduate student associations may also be helpful to the student. Information networks and support systems often develop as a result of these types of involvements.

Minority students need supportive interactions with faculty advisors. Students, particularly in the humanities and social sciences, at times complain that they cannot find support to conduct research that is culturally or racially relevant. Faculty members in the department may lack expertise or, in some instances, consider such topics less than scholarly. Some faculty advisors lack sensitivity to the concerns of minority students, may not provide a nurturing relationship, and should develop skills to communicate effectively with them. Counseling programs which include curricula on counseling racial minorities should also be developed for those entering the counseling profession (Copeland, 1982).

Those who routinely advise students must be trained to review test score data on the performance of particular minority group populations in an effort to interpret test score results approximately. Cross-cultural training is recommended for all educators and counselors who are involved in the education and academic training of minority students.

CONCLUSIONS

Effective counseling cannot be expected to solve numerous problems of minority students due to past inequities. Appropriate counseling and advising, however, are needed at virtually every educational level if we are to rectify our present situation. Counseling interventions must begin early and continue throughout the formal education process. Those who advise students must be sensitive to the complexity of the problem and willing to invest in activities and programs to bring about change. The recommendations cited earlier are not intended to be all inclusive. Some present sample programs that have been successful and others bring attention to major problems with some possible solutions. Educational gains made in the 1970s appear to be eroding in the 1980s especially at the graduate level. Clearly this problem will need considerable attentions for years to come.

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Chapter 4

OPPORTUNITIES AND RESPONSIBILITIES FOR DEVELOPING POSITIVE MINORITY INITIATIVES IN HIGHER EDUCATION

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The frightening paradox of our American society is the continuing and widening disparity between racial minorities (particularly Blacks) and Whites relative to family income, employment, educational attainment, and representation in the professional-technical careers, the nation's rhetorical commitments to the elimination of discriminatory practices, racial equality, and human misery notwithstanding. The fact that popular misconceptions about the actual nature and extent of minority progress persists on one hand and the ever-increasing demand for monographs such as this to design means and measures for improving and enhancing the conditions of minorities on the other hand, is a tragic contradiction.

It is an exhausting proposition when an individual or group has to spend so much time in short-circuiting short-sighted public practices and policies that threaten the freedoms and opportunities that most Americans expect at birth. But that is the way it is, and because it is, we have developed this publication to share objectives, strategies, and techniques that will promote equal educational opportunities for our clientele and their free access to the research, training and services that will enable them to improve their individual and group situations.

I speak from the perspective of one who this month is completing his 33rd year in higher education—20 at historically Black institutions and 13 at The Ohio State University. That Black-White perspective has provided me with an exhaustive compendium of experiences which have helped to shape the rationale that will be evident in the substance and sentiment of this manuscript.

To deal with the topic of developing positive minority initiatives in higher education, one must consider the kinds of institutions that minority students attend. At least until a decade and a half ago, most Black students attended predominantly Black colleges. There has been significant change since the late 1960s when major White institutions began to share in the increase in enrollment in higher education from 1966 to 1978, which was considerable. Today, more Black students are enrolled in predominantly White institutions than in Black colleges and universities. While Black students are in greater numbers than other minority students and have their own unique problems, this does not obscure the fact that members of other minority groups are entering higher education in increasing numbers. As in the case of Latinos and American Indians, however, their rates of participation are also lower than Blacks.

Current data reveal that Black enrollment has steadily declined over the last few years. A greater problem, however, is that the persistence rates for Blacks are lower than the average of all students. The unique role of higher education gives it extraordinary leverage to either help or hurt the chances of minorities for equality of opportunity. When colleges and universities deny minorities the chance to gain skills and credentials, they increase the likelihood that minorities will not receive equal opportunities in all other social institutions for the rest of their lives.

Higher education exerts another kind of leverage as well. Colleges and universities take upon themselves the task of forming and sanctioning the attitudes and practices which educated people will thereafter consider reasonable. If it is fairness in policy and practice which they sanction, all minorities are helped, but if it is discrimination, passive indifference, or nonaffirmative conduct, they sanction, then all minorities are hurt, educated or not.

I am convinced that minority university personnel (faculty, administrators, staff, and students) must come to the full and frank confrontation of how threatening the campus environment can be to a minority student. Unlike most faculty and administrators, minority faculty and administrators should be able to appreciate how important it is do deliver those essential programs and services that adapt the institution to the minority student.

THE HEART OF THE MATTER

The task of overcoming and reversing the accumulated racial inequities of generations, and of eliminating the growing racial imbalance which accompanies and helps perpetuate them, is not yet hopeless. But each year in which effective action is delayed, the task becomes less and less manageable. To eliminate racial inequities on a university campus calls for an institutional resolve and a sustained effort of many years. It will entail a varied yet coordinated set of institutional programs that must be carried forward within the framework of the democratic ethos.

Does the chief administrator of the institution possess the will and the courage to go beyond nondiscrimination and to move into a realm of positive programs for undoing the harms that historical patterns of segregation and discrimination have already brought to the campus? And if the administrator does not, is that administrator prepared to accept the profoundly deleterious consequences that are bound to fall upon the campus and upon American society? What can occur on a college campus is the same thing that occurred when President Lyndon Baines Johnson challenged this nation to its fullest relative to the civil rights struggle. I am sure you recall his stalwartness. He challenged the Congress of the United States in joint session, the Senate and the House, to go beyond equal opportunity to achieve equal opportunity of results. He passed through the Senate and the House the 1964 omnibus Civil Rights Bill. This bill changed this nation overnight in principle from apartheid to an open society and, in practice, for the most part, in the area of public accommodations. Blacks were assured free access to theatres, restaurants, hotels, public pubs, recreational facilities, and stores. Few such laws existed as recently as 2 decades ago. But the administration of one committed president made the difference.

Though progress often seems painfully slow, especially to those who bear the burden of injustice, it is nonetheless true that in a generation, America has moved forward. America has moved from an almost complete lack of concern for the civil rights of its racial minorities to a situation which, under the pressure of public opinion, has increasingly forced this country to take measures to guard those rights by law. Recently, however, the problem of race has been shoved to the rear of the national consciousness as a result of attacks of neoconservative intellectuals and politicians who advocate retrenchment and the abandonment of social commitment, including affirmative action policies and programs.

Permit me to share with you what can happen when the chief administrator of an institution makes a determined effort to promote equal educational opportunity within an institutional setting. In speaking before the University Senate on October 16, 1982, President Edward H. Jennings of The Ohio State University remarked:

> Part of the essential mission of a university and a public university in particular, is to ensure that all the talent available to society is developed to its full potential. It is my goal, and it is the firm commitment of this University, to promote the principles of equal opportunity and affirmative action as an integral component of every aspect of this institution.
>
> This goal is too often viewed as an obligation of law and regulation. There is more than the force of law behind Ohio State's commitment. This is a question of right and wrong, and our commitment is based on the ethical and moral obligation of a university in society to take a leadership role in advancing these principles (Jennings, 1982, p. 5).

Almost immediately, President Jennings established two new initiatives: (a) an Affirmative Action Grants Program which invites proposals from members of the University community in an annual competition, and (b) a Distinguished Affirmative Action Award competition similar to the Faculty Teaching and Research Award Programs. The Affirmative Action Grants Program entertains proposals that are designed to improve the performance of traditionally underrepresented groups, enhance their persistence and retention rates, change individual attitudes and behavior relevant to the pursuit of affirmative action goals, and generate new knowledge to the University's capability to monitor and evaluate its Affirmative Action Program. Grants have ranged from a few thousand dollars to a maximum of $50,000 and have been awarded to individuals, academic departments, colleges, and student organizations. Distinguished Affirmative Action Award stipends of $1,000 have been presented to individuals or units that have done the most to improve affirmative action at the University.

GOALS FOR ACHIEVING EQUITY FOR MINORITY AMERICANS

The National Advisory Committee on Black Higher Education and Black Colleges and Universities submitted a report to Dr. Shirley Hufstedler, Secretary of the U.S. Department of Education, entitled Target Date, 2000 A.D.: Goals for Achieving Higher Education Equity for Black Americans in September 1980. Two of the specific recommendations presented in their blueprint for action which apply to other minority Americans as well are presented in the next two subtopics.

Increasing the Graduation Rate of Minority High-School Students

There is a very distinct correlation between academic preparation and academic success. Promoting his "minority pipeline" concept, Alexander Astin (Henson & Astin, 1978) advised that by increasing the preparation and participation of minority groups at lower educational levels (junior high-school and high school), requiring the appropriate prerequisites for college (college-preparatory curriculum) and increasing the college participation rates of minorities (Note: 54.7% of White high-school students enter college in the academic year after high school, compared to only 38.2% of Blacks), we can increase minority presence in the long run in graduate and professional schools throughout the nation (Henson & Astin, 1978).

Scores on national qualifying tests for college admissions reveal marked weaknesses and suggest decline in math ability. The need to place greater emphasis on computational skills and college preparatory curricula is clearly suggested in the data. There is very disturbing evidence that only a fraction of the minority students (Black and Hispanic) who are enrolled at major colleges or universities ever are awarded a degree. In fact, Pantages and Creedon (1978) pointed out that the dropout rate of minorities in college is sometimes as high as 50% during the first year. This early dropout phenomenon during the first year is a serious national problem for all students, but is intensely critical for Black and Hispanic students in particular.

There are some very unique and creative models in higher education that we should begin to replicate if we would increase the pool of minority high-school graduates prepared to enroll in higher education. The federal government, for example, has initiated a number of programs targeted to facilitate higher education access, retention, and graduation for underrepresented groups. These activities have been effective on two levels: (a) the institutional level providing support for schools which enroll large numbers of minorities through such programs as Title III, Minority Institution Science Improvement Program (MISIP), and Minority Biomedical Support (MBS); and (b) the individual level, providing supportive services through the components of the Trio Program, Talent Search, Upward Bound, Special Services for Disadvantaged Students, and Educational Opportunity Centers (National Advisory Committee in Black Higher Education and Black Colleges and Universities, 1982).

Beyond the responsibilities of the federal government are the initiatives of individual institutions. For example, The Ohio State's Minority Graduate Fellowship Program which was begun in 1971 is something of a national model. Nearly 750 of the 900 minority students awarded fellowships since the program was initiated have earned Masters or Doctorates. As a counterpart to this program, at the undergraduate level Ohio State established the Minority Scholars Program in 1982. The program now offers $4,000 scholarships to 80 Ohio high-school seniors who have a grade point average of "B" or beter in a college-preparatory curriculum. This year, our recruitment efforts have enabled us to attract 100 new scholars. These academically talented high-school seniors will eventually form a critical base of experience that should be supportive of their own peer group in the future. Early this year, the state of Wisconsin proposed a state-wide minority scholarship effort that would provide $8,000 scholarships to bright minority high-school seniors who seek a college education.

Increasing the Number of Minority Students Who Enroll in Higher Education Institutions

Supportive services by Trio have identified and encouraged minority students with the potential to undertake postsecondary education. About 91% of typical Upward Bound participants, for instance, have entered some type of postsecondary education, compared to about 70% of comparable nonparticipants. Thus, it is apparent that special efforts on behalf of minority students do pay off in terms of the increase of minority participation in higher education as a result.

A disturbing situation has arisen which contradicts the illusion that all is well with respect to educational attainment in Black America and that the momentum of progress has accelerated so rapidly since the 1960s that affirmative action initiatives are no longer necessary. "The fact is that the attrition rate of Black students as they move through the education pipeline is a major obstacle to the improvement of the overall level of education of Black Americans," according to the final report of the National Advisory Committee on Black Higher Education and Black Colleges and Universities (1982, p. 14).

It is estimated that 12% of Black Americans who enter formal education complete college and 4% go on to complete graduate school. This is a tremendous loss of talent and potential. The disproportionately higher losses occur in secondary school, in the transition from high school to college and then escalate for successive higher training levels. The Ford Foundation's Commission on the Higher Education of Minorities (1981) estimated that 28% of all Black students are lost before high school graduation. In 1980, 23.4% of all Blacks aged 18–24 years old (832,000) were not enrolled in school and were not high-school graduates, compared with 14.4% for the White population (an increase of 3% since October, 1977) (U.S. Bureau Census, 1981a); and the Black representation of the total number of academic degrees awarded revealed this tragic downward progression—9.1% of the Associate Degrees, 6.5% of the Bachelors, 6.4% of the Masters, 3.9% of the Doctorates and 4.1% of the first professional degrees. The proportions are even more dismal when examined for specific disciplines, especially in the high growth areas of the physical sciences and engineering.

There are several obvious factors that have contributed to the higher attrition rate and academic field selection for Black students even before their prospect of entering college. One of the most critical is the need for financial assistance. The number of Black college students from families with incomes under $12,000 dropped more than 12% between 1969 and 1981. During the latter part of the last decade, the number of poor Black families increased in 1981, 34.2% of the Black population was below the poverty level. Hispanics fared even more poorly. According to the U.S. Bureau of Census Black medium income was $13,256 as compared with $23,517 for Whites. Blacks are disproportionately represented at the lower-income levels. In 1980, 41% of Black families fell in the bottom fifth of the population in terms of income while the higher fifth was 95% White (U.S. Bureau of the Census, 1981b). The median income of college-educated Blacks, however, more closely parallels that of their White counterparts. Education, therefore, is one of the best means for increasing the economic upward mobility of the Black population.

THE SIGNIFICANT SIXTIES

Our work is cut out for us as minority professionals in higher education. The days of advocacy are not over. We must muster the will to make responsible challenges to federal and state governments and to the central administrations of our individual campuses. What are we up against? Despite their successes in contributing to minority educational achievement, the whole array of targeted programs and services funded by the federal government has been the subject of criticism and proposed cuts. There are those who designate such programs as Trio, Title III, and Minority Access to Research Careers as stigmatizing to those institutions and students who require these types of assistance. These programs, then, are damned by the very conditions which led to their creation. It is an old, old refrain. The idea that governmental and institutional intervention in individual affairs has been heralded by such notables as Nathan Glazer and Daniel Patrick Moynihan. They argued that the Great Society's War on Poverty makes no substantial difference and is an unnecessary expense.

There is overwhelming evidence that the governmental and institutional interventions are, indeed, effective investment strategies in improving the status of minority Americans. Diane Ravitch (1978) dramatically documents this fact in a chapter from her book, *The Revisionists Revised*. She cites national census studies to document the fact that the liberal social policies of the Johnson administration had a significant positive effect. In 1964, approximately 50% of all American Blacks were below the poverty line; by 1974 the proportion had dropped to 31.4%. During the period from 1964 to 1974 the proportion of Black families earning over $15,000 annually grew from 9% to 19%, the period of fastest gain was from 1965 to 1970 (U.S. Department of Commerce, Bureau of the Census, 1975). From 1965 until 1976 Black enrollment very nearly quadrupled, from 274,000 to 1,062,000. Blacks who were 4.8% of all college students in 1965, were 10.7% of all college students by 1976. Thus the composite picture of economic and educational trends appears to validate the effectiveness of a many-pronged attack on poverty and equality, beginning with stringent civil rights laws and including governmental action on jobs, education, housing and economic development (Ravitch, 1978).

It is indisputable that full equality has not been achieved, but equally indisputable is the conclusion that a democratic society can bring about effective social change, if both the leadership and the political commitment to do so exist. To argue, against the evidence, that meaningful change is not possible is to sap the political will that is necessary to effect change (Lipset, 1976).

THE ROLE OF ADVOCACY THROUGH STATE AND CAMPUS COALITIONS

Admittedly, with the current and continuing assault on those national policies that began a trend, at least for a decade, toward corrections of the past, the challenge is to maintain a political will of sufficient vitality to continue the struggle in the pursuit of the essential freedoms for all Americans. While we work to solve our problems at the national level, we must on our own campuses—with an individual or collective voice—speak to the conditions that weaken the chances of minorities to achieve educational and occupational status that is comparable to that of their White counterparts. As minorities we must work cooperatively *within* our ethnic groups—Blacks with Blacks, Hispanics with Hispanics, etc.—and we must work cooperatively among our ethnic groups—Blacks with Hispanics and Asians, Asians with Blacks and Hispanics, and Hispanics with Asians and Blacks. The obstacles are too rigid and overpowering for any one person or group to assume a touchdown can be gained on singular effort without the advantage of the collective offensive and defensive talent of all of the team players.

It is becoming increasingly apparent that the nation has begun to dismantle its earlier commitment to the ideals of minority access to higher education. Dr. Henry Ponder recently appointed President of Fisk University pointed this out in his address, "Equality for Minorities in Higher Education—The Nation's Unfinished Business." He made the point that in spite of gains made over the years, there remains "a glaring disparity between the opportunities in higher education afforded Blacks and other minorities and those afforded the nation's majority" (Ponder, 1984, p. 8). And it is the "elimination of this disparity" that is the "unfinished business of those dedicated to the task of insuring equality of participation by Blacks in higher education" (Ponder, 1984, p. 8).

There has been a strong movement by colleges and universities to back away from the innovative approaches of the 1960s to the traditional ways of the 1940s and 1950s. There has been a growing "back to basics" tendency to implement higher and tighter admissions standards which places the entire burden of academic survival upon the youngsters themselves. It is they who "fall through the cracks" when they are graduated from secondary schools with inadequate preparation and are declared inadmissible by institutions which insist that it is not their responsibility to provide the kind of remedial education that will teach the student what he/she should have learned in high school. We need to very carefully monitor this kind of behavior, on the part of our institutions, and ask how great a commitment to public education they really have.

We must act on two fronts if we are to reverse the spiral that has been responsible for declining Black enrollment. First, we need to organize at the state level. Each state needs an organization to deal with the improvement and advancement of Black educational rights at the postsecondary level. I am pressing for the establishment of an organization of Black administrators from public and private colleges who hold responsible positions, faculty, admissions, financial aids, counseling, equal opportunity, personnel, student offices, Black Studies, etc.; we should establish a statewide network, and meet on periodic basis to determine ways to effectively meet the needs of Black students on their respective campuses. There are creative ways in which such an organization works to lay the foundation for an organizational structure that would have impact upon the state and national government. Second, we need to organize a coalition of principal minority educators and administrators on our own campuses to focus on aims and strategies for the improvement and advancement of minority educational rights where we are. Such an organization should be so vital and reputable that no one on campus would think of proceeding into policy formulation adversely affecting minority students without consulting or involving it in the decision-making process.

There are several strategies that I would propose for increasing the number of minorities in higher education. These strategies include the need for a more solid academic preparation for our elementary- and secondary-school youngsters. In addition, minority students at the undergraduate, graduate, and professional levels must have sufficient financial aid and quality supportive services and the reinforcing and enhancing dimensions that can be added to the environment when there is a critical mass of minority faculty and administrators as key role models. But once again, none of these strategies occur in a vacuum. No institution can come about in the first place unless the key administrators of an institution will it so. Institutions so often are unresponsive to situations because of the multiple demands placed upon them. I propose the establishment of the kind of group on campus that can be the "conscience lever" of the institution relative to minority concerns. Such a group must go beyond the realm of advocacy. It must do its homework and provide the kind of information and insight that will enable it to develop into a responsible lobby that must be dealt with on your campus. That is, this key group of minority faculty and administrators must provide a leadership role in the development of policies and in the response to proposed campus policies, which affect minority populations.

In that context, what is it that we on college and university campuses can do to promote the participation, development, and advancement of minority youth? We have these responsibilities:

1. We need to raise the visibility of the equal opportunity and equity crusade, and to focus attention on the specific problems and the specific remedies that can correct them.

2. We need to assess why some strategies succeed and some fail relative to minority programming.

3. We should continue to seek support for programs that work, and funds to expand and replicate them across disciplines, departments, and colleges on campus.

4. We should disseminate information about our efforts among our colleagues on campus and among community groups and organizations as they have the potential for becoming partners in the support of our minority programs.

5. We must continue to remind the administration of our institutions that they must continue to provide special resources to meet the special needs of minority students.

6. We must keep reminding colleagues of the continuing shortage of minority professionals in the nation. There is a severe shortage of minority doctors, dentists, pharmacists, and veterinarians. Beyond these health professionals, there is also a dearth of minority engineers, accountants, business executives, lawyers, and a variety of other professional-technical persons. Dr. Louis W. Sullivan, Dean of the Morehouse School of Medicine and President of the Association of Minority Health Professions Schools, responding to a study sponsored by his association reminds us that "the shortage of Black health professionals is the lingering legacy of decades of segregation and discrimination" (Sullivan, 1983). The study said that although Blacks accounted for 11.7% of the U.S. population in 1980, they made up only 2.6% of all doctors, 2.9% of dentists, 2.3% of pharmacists and 1.6% of veterinarians. Between 1950 and 1980, it said, Black physicians increased only from 2.1% to 2.6%.

History teaches minority persons quite clearly that "freedom" cannot be assumed. It is not something that is available to minority Americans at birth to the degree that it is available to their White counterparts. The struggle continues. We are not deluded by the catchwords and phrases of "equal opportunity," "affirmative action," "justice," "freedom," and "democracy." All of us have tasted aspects of freedom and democracy—on the installment plan—piece by piece, but never full measure. Some of us, not of a faith that nurtures our own survival, cling to the hope that democracy is workable, and that our combined efforts toward this end produce the reality of what American democracy purports.

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Chapter 5

THE AGING MINORITY: AMERICAN INDIAN PERSPECTIVE/COMMUNITY-BASED REHABILITATION SOLUTION

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In recent years, the interest and activity of the American Speech-Language-Hearing Association (ASHA) in the arena of minority affairs has been marked by the development of position papers on social dialects and services to minority language children, by ASHA's Committee on the Status of Racial Minorities, the implementation of ASHA sponsored Bilingual Language Learning Systems Workshops, and the involvement of its membership in Minority Concerns Collectives across the country. However, the majority of minority-related activities and research studies has focused on minority-language children. The needs of minority elderly have rarely been addressed either through research or discussions of clinician training.

Current changes in the population characteristics of this country and projections for future population trends require that we turn our attention to the elderly minority population and their speech-language and hearing service needs. This chapter will include a discussion of the barriers to, utilization of and suggestions for service delivery to minority elderly, and specifically the elderly who are American Indian.

THE AGING SOCIETY

The elderly, those 65 and over, is the fastest growing segment of U.S. population and our fastest growing clinical population. Data indicate that by the year 2030, this age group will represent over one-fourth of the total U.S. population. This century's medical advances have had a large impact on the elderly and specifically the minority elderly population. Average life expectancy at birth for White persons increased by nearly one-half between 1900 and 1980, but doubled for minorities.

Health care bills are predicted to rise from $189 billion in 1979 to $731 billion in 1990, or from 8 to 9.6% of the gross national product (Freeland & Schnendler, 1981). The escalating cost of health care and ancillary services and the increase in the aged population in this country could predict a multitiered system of health care. In the future, comprehensive health care and total rehabilitation services may not be provided as a matter of course but could be a luxury associated with economic status. These increases in the number of elderly citizens coupled with increases in health care costs may have the greatest impact on minority-aged individuals, individuals who are not currently receiving the full benefits of the current service delivery process.

STATUS OF THE MINORITY ELDERLY

The minority-aged, regardless of ethnic membership, is a minority within a minority. Most aspects of the aging process—namely, the physical, sensory and mental changes, the sociological effects of losing cohorts, spouses and loved ones—are the same for the minority elderly as for the dominant cultural group; but conditions of poverty, illiteracy, geographic isolation, cultural and linguistic differences characteristic of some minority elderly may increase the impact of the aging process and have a negative effect on their accessibility to and utilization of rehabilitation services. Indeed, the universal problems and conditions associated with old age are exacerbated by the conditions associated with being a member of the minority population in the United States (Fujii, 1980). Because of poverty, lack of education, past work history and linguistic and cultural differences, the minority elderly do not receive equivalent services today and may fare the worst as limitations are placed on our ability to provide services in an aging society.

Barriers to Services

Bell, Kesschau, and Zellman (1976) in their discussion of the delivery of services to elderly members of minority groups identified three major barriers to equitable service delivery:

1. Differences in physical and financial access—services located outside the neighborhood or ethnic community requiring private transportation, coupled with poverty, limit access to services.

2. Differences in eligibility for services—minority elderly are likely not to have worked in jobs covered by Social Security, or they may be ineligible due to immigration status or may be denied access as a result of jurisdictional and eligibility confusion and ambiguities as is the case for Native Americans.

3. Communication and language barriers—the inability to communicate in English, lack of bilingual service providers and illiteracy often times precludes the utilization of available

services or prohibits knowledge and awareness of available services.

While the incidence of mental and physical disorders is higher in the minority elderly; nevertheless, there is underutilization of health and social services by this group (Langston, 1981). For many, past experiences with services have been unsatisfactory. The bureaucratic maze for illiterate and non-English speaking individuals is overwhelming. For the disabled, this process may be compounded by vision, hearing, and/or language impairments and, thus, the system looms insurmountable. Gelfand (1982) noted a reluctance on the part of all minority individuals to utilize services despite need and impairments. He cited culturally specific attitudes toward institutions, which are the result of historic and long-time negative interactions and experiences between the minority individual and the institution. Hansen, Sauer, and Seelbach (1983) reported that institutions (governmental and educational) which a White family viewed as supportive were generally perceived by Blacks as exploitative.

STATUS OF AMERICAN INDIAN ELDERLY

Contrary to public belief, all American Indians do not receive free medical services. Approximately one-half of the American Indian/Alaskan Native population resides in urban areas in which the Indian Health Service does not provide free medical care. The Indian Health Service (IHS) is responsible for providing comprehensive health services to Indians living on or adjacent to federal reservations and in Alaskan Native villages. Although "rehabilitation" is a concept stated within the mission of the IHS, evidence of its practice within this agency is lacking. There are few service units within the IHS where total rehabilitation services are available even on an itinerant basis (Stewart, 1985). The consequences for communicatively impaired Native Americans is that they do not have accessibility to services which are routinely available to other citizens in this country. Toubbeh (1982) reported 74% of adult Native Americans requiring speech-language and hearing services do not receive them.

The elderly American Indian residing on reservation presents the ultimate challenge of service delivery. Some reservations are extremely large (e.g., the Papago reservation is the size of the state of Connecticut, the Navajo spans three states—Arizona, New Mexico, and Utah), are isolated from large metropolitan areas and sparsely populated. If, for example, an elderly Navajo was in need of speech-language pathology services, he is approximately 100 miles from the nearest hospital or clinic with essentially no available transportation. In addition, if transportation were available, no speech-language pathologists are employed to provide services to him on a continuing basis at these sites. In addition to lack of available professionals, elder Indians are most likely to speak tribal languages. RedHorse (1983) reported that less than 3% of Indian elders living on reservations are proficient in English and 36% of tribal elders speak their tribal language; therefore, even if a speech-language pathologist were available to provide therapeutic intervention, the barriers of language would preclude the delivery of these services.

American Indian Urban Elderly

The consequences of minority status coupled with disability are extremely problematic for the urban elderly American Indians. For these individuals, there is confusion regarding what agency is responsible for providing services as well as a lack of tolerance, respect, and understanding of the cultural beliefs and practices of American Indians by health professionals. These issues not only inhibit the delivery of quality care to the patient, but serve as a primary deterrent to seeking necessary health care services on the part of members of this minority group (Dukepoo, 1980).

Within urban settings elderly Indians find themselves isolated from people with whom they can communicate. They are frequently unwilling or unable to participate in programs designed for the elderly and experience cultural isolation from these programs. Elderly programs not targeted to or developed for a specific minority group might not have the necessary elements for the minority-aged to comfortably seek their assistance or satisfy their needs.

Tribal groups have attempted to respond to the long-term health care needs of their elders and the need for culturally appropriate long-term care by establishing nursing homes on Indian reservations. There are currently nine nursing homes on tribal lands, staffed by indigenous personnel, but rehabilitative services are usually restricted to physical therapy available only on a limited, itinerant basis, if at all.

Changing Cultural Role of Indian Elders

Traditionally, the elders in Indian communities were honored and respected for their wisdom, experience, and knowledge of tribal ways. In addition, few Indians survived to old age, thus the aged were considered "special" and revered because of their survivorship. Researchers now cite the erosion of the status of the elderly within Indian communities, just as the status of elderly in the non-Indian communities has decreased. This has been attributed in part to the acculturation process and modernization of Indian societies. Consequently, tribal wisdom is not considered adequate to respond to governmental and economic issues facing Indian tribes today. There is now the new burden of caring for the old and infirmed within a society with severe poverty and a lack of available support services. Changes in extended family structure with family members leaving the reservation for educational and occupational reasons further impact on the situation of the elderly Indian on the reservation limiting their available support system and changing their traditional role in tribal society.

Belief Systems

In addition to the linguistic and geographic barriers discussed earlier, there are belief systems regarding health/disease/well-being operating within Indian cultures which affect the value they give to a diagnostic or treatment regimen. Understanding of these belief systems can reduce frustration and confusion on the part of the patient and service professional alike. This is a critical and sometimes overlooked aspect of

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service delivery. These beliefs may determine the confidence one has in the competence of the service provider which in turn may affect the level of cooperation and compliance with a prescribed treatment regimen.

It is not unusual for an Indian patient to see a medical doctor and a medicine man simultaneously for the same ailment. This behavior is not unique to Indians for other minority groups have herbalists and healers they consult simultaneously while seeing a medical doctor. There are however differences between the traditional Indian medicine approach and the western medical model which must be attended to for maximum understanding and sensitivity between patient and clinician. For example, medicine men do not collect detailed case history information prior to treatment nor are their treatment regimes typically long and repetitive. Therefore unless there has been thorough patient counseling and time spent with the family so they understand the purpose of our inquiries and lengthy treatment regimen, the Indian patient may think clinicians rude to be asking the questions we ask and powerless because our "treatment" takes so long. In traditional Indian medicine, a single visit to a medicine person or ceremony may indeed cure the problem, even if immediate relief of the symptoms is not apparent. This difference in expectations requires attention to counseling families and the patient regarding length of services required, repetitiveness of tasks, and rigors of therapy. Speech-language pathology services must be presented as relearning, requiring a cooperative effort between clinician and patient and family and the establishment of a "therapeutic alliance" (Bertalanffy, 1968). While these considerations are an important aspect of all therapy planning and programming, they are imperative in planning for treatment of minority elderly individuals.

Another major difference between traditional Indian medicine and Western medical practices is the fact that medicine men will not intervene unless they are directly requested to do so by the patient or in some instances, the patient's family. Therefore, the willingness of the patient to comply with treatment in this traditional context is a preestablished fact. Because speech-language intervention is often requested by the physician and not the patient nor family, the development of a therapeutic alliance with elderly American Indian patients requires special attention.

In a study of helping patterns among elderly Native Americans in the San Diego area, Dukepoo (1978) reported elderly Indians overwhelmingly turn to family members for assistance. Assistance from professional and social agencies was only sought by 3% of the reservation sample and 14% of the urban sample. This utilization pattern and family involvement which appears typical for other minority groups may suggest the importance of family education, contact and involvement in all aspects and at all levels of the delivery of speech-language pathology services.

SERVICE SOLUTIONS

In addressing the needs of the minority elderly, many authors refer to the utilization of the natural networks, the kinship, clan, and neighborhood support systems that currently exist within ethnic communities. These natural/community-based systems may be the key to service delivery for the minority elderly. Several advantages have been associated with the use of natural support systems (Federal Council on Aging, 1978) for the delivery of social and health related services to the aged. Specifically, these systems have emerged naturally from within the community, are already in place, and are not impeded by cultural or linguistic barriers.

Studies of helping patterns within ethnic communities in the United States indicate that minorities overwhelmingly turn to family members for assistance, as well as for information and advice. Carp (1971) reported that for a source of information only 14% of the Hispanics (compared to 89% of Anglo-Americans) read a daily newspaper and that 77% of the Hispanics reported family, friends, and neighbors were their source of information and advice. Silverstein (1984) reported that the informal network within a minority community is as effective as the media in terms of overall knowledge dissemination and is far more effective than formal sources. It appears that cultural differences coupled with service delivery challenges may require an innovative approach for the minority elderly. These changes have not been designed nor implemented to date.

Einisman (1981) summarized the status of elderly minorities relative to their unmet needs as follows:

Formal rehabilitative services reach only between 15% and 25% of the severely disabled elderly population and minority groups are reportedly most underserved. Social service programs are organized without participation from minority group professionals, caregivers, and community leaders and coordination and communication are absent between federal, state, and local agencies. Many programs are inaccessible to the minority elderly because of lack of transportation, additionally, outreach and information and referral programs are deficient. Often times the minority elderly and their families are unaware of available resources. There is fear and distrust in federal programs because of past experiences with discrimination, broken treaties and unfair immigration laws. The unresolved cultural shock of past experiences is still felt by many of the elderly minorities.

Factors such as these coupled with (a) the aging of the population, (b) the rising costs of health-related services, (c) the fact that 80% of care to all elderly is provided by family members, (d) the existence of kinship, family, clan and neighborhood networks, (e) language and cultural differences of minority populations, and (f) increased emphasis on prevention of disabilities, lead us to consider integrating these factors in the design of an alternative to the current medical model for the delivery of speech-language and hearing services to minority elderly—a model of community-based rehabilitation.

COMMUNITY-BASED REHABILITATION

Community-based rehabilitation is a process supported by the World Health Organization (WHO). There was growing realization on the part of the WHO that high technology and high-cost medical treatments developed in the West cannot be seen as the primary health intervention strategy for certain countries of the world. Indeed, community-based rehabilitation should be considered as an alternative in this country with such a disperse rural population, skyrocketing costs of medical care and a growing elderly population. The concept of community-based rehabilitation builds on the resources of the community, promotes the involvement of the disabled, the family and community in rehabilitative activities, involves the training of family members and paraprofessionals, utilizes the support systems and networks currently existing in the community and attempts to mold the treatment regimen to fit the patient, and the patient's culture, language, and environment.

Perhaps, the future direction of services to the older American, specifically the older minority individual, should focus on the development and training of natural support systems. As stated by Fujii (1980) in a discussion of minority groups and public policy implications, "It seems clear that one direction for public policy and service programs should be to allow for collaboration with the natural support systems of families and kinship groups that are indigenous to minority communities" (p. 281). These support systems may include the extended family, religious groups, and minority elderly civic groups. This collaboration of resources may help direct scarce resources toward the prevention of disabilities and education of the family members thereby developing their service potential.

If our goal is to provide services to the unserved and underserved, it appears that we must implement a new system for service delivery. This concept of training minority paraprofessionals and family members has been proposed by others in the treatment of minority-language children (Tolliver-Weddington & Meyerson, 1982) and could be applied to the minority-elderly. Adaptation of the community-based rehabilitation model to the delivery of speech-language pathology services to minority elderly will vary depending on the target minority and its community, but general steps might include:

1. The development of training materials (manuals and films) by hospital personnel to educate the family and patient before the patient is discharged from the hospital. Instruction could include methods for meeting the patient's communication needs, and training the family members to cope with the communicative deficits of the patient.

2. The identification of individuals within the community (minority-elderly intercity coalitions, tribal elderly program participants, urban Indian center personnel paraprofessionals within the home health delivery system) who could be trained as bilingual/bicultural aides or simply benefit from understanding the communication disorders associated with aging and how to communicate with the communicatively impaired individual.

3. The encouragement of students to elect course work in cultural anthropology, gerontology, or medical anthropology.

4. The development of practicum experience and/or community services which include the training of bilingual/bicultural aides interpreters, and family members as "cotherapists" for minority-elderly with communication handicaps.

5. Establishment of audiology practicum screening experiences at adult day care programs to increase students' interface and experience with elderly clients.

Provision of information (inservice) to community systems (adult day care facilities, home health agencies, public health nurses, Knights of Columbus, ethnic clubs) relative to therapeutic services available, and general information about communication disorders associated with aging.

CONCLUSION

The realities of poverty, language, and cultural differences for minority populations will not disappear in the near future. The inaccessibility of hospital-based clinical services for many minority-elderly will also continue. While the professional training of minority individuals in the field of speech-language pathology and audiology is still a necessary pursuit, development of an educated minority population regarding the etiology, treatment and caring for communicatively impaired minority-aged might have a more immediate effect on the quality of life of those affected minority individuals and their family.

Margolis (1979) commented that in the future, the health care system will be expected to play an important part in preserving the integrity of society confronted with health and disease problems not only the integrity of the individual. He further stated that health professionals will have to accept the idea that the hallmark of professionalism will be the commitment to broad social goals of a society and not merely a unique body of knowledge. He challenged the "health care systems which insist on solving problems generated by changing disease patterns and changing societal values without any change in their own shape and their own value system" (p. 1129).

We are on the threshold of an aging society. There is a history and future prospect of scarce resources which could lead to greater disparity between availability of services to elder members of ethnic minority groups and nonminority-elderly. It appears the challenge is upon us—how will we serve the aged minority?

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Chapter 6

THE DIFFERENCE THAT DIFFERENCES MAKE: CLASS AND CULTURE AS COMPONENTS OF BLACK SELF/GROUP AWARENESS

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The last 2 decades have seen some changes in public attitudes towards Black language and culture. Black English is no longer regarded as a "random collection of mistakes," but a distinctive "rule-governed system," a view that has also now become acknowledged in professions outside of education and academia. Thus I was asked by a judge in a recent court case whether I thought there was anything in Black English that would have prevented the young Black man on trial from understanding his "Miranda" rights when "read" to him by a police officer at the time of his arrest. Several corporate people in training and development have used the term *Black English* to me when talking about some of the "communication problems that they were having with Blacks within the workplace," as they euphemistically put it.

As that last quote shows, Black English is still regarded as a "communications problem" in many "mainstream" social contexts, and, thus, would seem to still have a considerable way to go before it can claim to have achieved any kind of parity vis-a-vis Standard English, if that is to be its ultimate social destiny. Nonetheless, insofar as it is now regarded among several professions as a distinct and distinctive linguistic entity, it must be viewed as having made some social progress. The status of being considered "inferior," however demeaning, is still preferable to being socially classified as "sick" or "deviant." In the former status one can at least claim the social right to exist. The social classification *sick* or *deviant*—the initial "status" accorded Black speech—does not even allow that.

Public acknowledgment of the existence of Black culture is considerably behind what it is for Black English. True, Black people are probably no longer considered "only Americans and nothing else," with "no values and culture to guard and protect," as Nathan Glazer said about 2 decades ago (Glazer & Moynihan 1963, p. 53). The appellation "Afro-American" itself would have promoted the idea in the public mind that, like other "hyphenated" Americans, Blacks have an original "other" culture which the alleged "melting pot" never got quite around to entirely dissolving. But that "hyphenated" status for other "ethnics," as for Blacks, is only a presumptive claim. It does not, in and of itself, say anything culturally concrete or substantive about the "African," or "African-influenced or derived" part of "Afro-American"; nor, for that matter, does it say anything qualitative about what is, culturally speaking, "American." And of course, the same applies to other "ethnic" American groups, too.

Moreover, even if one were able to discover what is "ethnic" and "American" for Blacks and members of other ethnic groups—no mean research task in itself—there would still remain the problem of classifying individuals from these groups, as to the extent to which they are more or less "ethnic" or "American," that is, "assimilated." As those among us can attest from our experience growing up in various "ethnic" homes, even individual members from the same family will vary on this score, precisely because of their different socialization within different "peer" and "work" groups, some choosing individuals from the same ethnic group to associate with, others not.

And it goes without saying that one cannot accomplish the task of classifying individuals along the "more and/or less ethnic/American" dimension unless we have something of substance to consider, such as qualitative theories as to the "ethnic" or "American" character of a particular group, which individual group members could then apply to themselves to determine the nature and extent of their fit. Without such theories, however, they would not have any sense of what to look for. Theories offer a conceptual focus and direction and in that sense are useful. Their absence on the other hand, leads to aimless intellectual wandering and indiscriminate selection. These points are nicely reflected in the Jewish proverb, "If you don't know where you're going, any road will take you."

Along that line my book *Black and White Styles in Conflict* (Kochman, 1981), was an attempt to offer some theories as to the structure and function of "Black" and "White Mainstream American" cultural configurations based upon observations and analyses of patterns of social interaction within and between both groups. I only briefly touched upon the important question of cultural homogeneity, which is to say, the extent to which Blacks or Whites as members of racial groups were more or less likely to reflect or represent a "Black" or "White" cultural pattern or perspective. Underlying this "more or less likely view" were theories that revolved around the extent to which a Black or White person participated in racially exclusive or mixed social networks, as well as the general social level of that network. The theory here was that the more removed you were socially from the dominant American mainstream culture, the more "ethnic" you were likely to be, a point that I shall develop further below.

At the same time, it is also important to indicate, that ethnic culture is only one of several cultural components that together define the distinctive world view or collective consciousness of members of a particular group. Other things to consider are the group's relative social position vis-a-vis others in the society, given the factors of "caste and class" that are typically operative there. Also relevant are the particular group's religious orientation or commitment, whether its members grew up rural or urban, and so on.

And it is equally important to point out that categories like *ethnic, class,* and *urban* are essentially research categories aimed at facilitating a scientific analysis of the cognitive contents of one or the other cultural perspective. They should not be understood as descriptive of the way ordinary people organize or publicly express their particular attitude or point of view. That presentation is typically all of a piece: An ensemble of meanings with no clear-cut connection to ethnic culture, on the one hand, or class culture on the other. It remains for the social scientist to make those connections in the process of creating an accurate cognitive mosaic, one that will show a relationship of the different parts to each other and to the whole, in ways that members of that group will accept as valid. Especially relevant are those differences that make a difference in the way individual group members see themselves and generally interpret public behavior and events in which they and others have a social role.

ETHNIC AND CLASS CULTURES

Prior to the official acknowledgment of the existence of "Afro-American culture," which is again to say, the particular values, attitudes, and patterns of behavior that can be traced to African origins and/or cultural influence, explanations for distinctive Black patterns of behavior were cast almost entirely along class lines, that is, as either owing to what Gunner Myrdal called societal pressures of "caste and class" (1944, p. 923), or, for example, as with Black speech, "social distance" from those contexts where standard American ("correct") speech or cultural patterns were used. What was flawed in this public equation of class with distinctive Black behavior, was the supposition that what correlates with class must therefore also be caused by it, a view that does not allow for the possibility that, as Charles Valentine noted, "ethnic identity and subcultural distinctness of all or many minorities are greatest for group members who are poor" (1968, p. 25). This point was generally lost among the public even when looking at the behavior of lower-class Whites. It was especially missed when looking at Black behavior, insofar as Blacks were presumed to have lost their African culture along with their African language as a consequence of slavery.

Of course, to allow the possibility that ethnic culture rather than, or, in addition to, class culture may account for distinctive Black attitudes and patterns of behavior, directs us now to distinguish those patterns that relate to Black people's minority experience in American society from those that seem to be part of African cultural survival in the New World. As Valentine suggests above, these last patterns are often seen more clearly among poorer Blacks because, as with members of other recently arrived or socially insular groups, they are among those who have remained least influenced by the cultural norms and values of the dominant ("Mainstream American") social group.

And it is precisely this process of differentiation that I wish to undertake here, both to provide some substance to the distinction between class and ethnic culture, and to generate criteria that might serve to qualify those attitudes and behavior patterns that distinguish Blacks as a social group in American society. Following that I shall discuss the social significance of these criteria for Blacks, and based on that, some implications for dispensing professional services to Blacks (as in the field of communicative disorders) where one of the stated objectives and perhaps conditions for providing such service is behavioral modification.

DEFINITIONS AND DESCRIPTIONS

I would consider attitudes and patterns of behavior to fall within the framework of class culture only if they have emerged as a consequence of one's experience as a dominated and/or oppressed minority, or, looking at it from the other side of the coin, from one's experience as a member of the dominant social group. It is both possible and fruitful to look at class or colonial consciousness, from both sides, as Memmi (1967) has shown. But it is not necessary to go to classical type colonial situations to see it. One can readily find them at home (e.g., in the different reactions of college students going into Chicago department stores that cater to different levels of social clientele). My students have done this over the years as part of a class assignment that aims to uncover (following Labov 1972, p. 43), social or class markers in the presentations of the sales clerks at these stores.

In the more expensive stores, these students find that they often receive very attentive one-on-one service from the sales clerks. All students agree that, that close attention expresses the eagerness of the sales clerks to make a sale. But where they disagree is over the explanation that minority students give as to why they are receiving such close attention. These students think that the sales clerks think that they are going to steal something. This thought does not cross the minds of the (mostly White) "mainstream" students for whom such close attention by the sales clerks is simply indicative of the better service that one gets at those stores.

These different sensibilities are substantive examples of class culture and/or consciousness, linked as they are to the different social conditions and experiences that mainstream Whites and minorities have faced historically in American society. Mainstream Whites, as adults, do not experience situations where they are made to feel suspect. Blacks and other minorities, regardless of their level of affluence, never quite realize the status of being socially regarded as "above suspicion."

For these group members, as Liebow (1966) has shown in a representative study of Black streetcorner men, employed Blacks were regularly paid less than the full value of their labor. When Liebow asked their White employers why they paid Blacks less, they said they did so because "Blacks will steal." And, of course, the Black males in Liebow's sample indicated that they did steal when the opportunity presented itself because they were not paid the full value of their labor. In such a system, the Blacks who did *not* steal were the ones who were most penalized. Not only did they receive less money for the same work than their White counterparts, they also could not personally escape the stigma of being implicated in the general social indictment that "Blacks will steal." Two Black sayings are apt here: "You can't win for losing," and, "If I didn't have bad luck I wouldn't have no luck at all."

Other Black attitudes can be shown to have their roots in both class and ethnic cultures. An example of this is the general Black attitude toward the use of direct questions to get personal information, which Black people tend to regard as "intrusive" or "prying." The basis for this attitude can be seen to connect directly to Black people's class or minority status: specifically, their social vulnerability and relative inability to influence how social information about them might be used, and their experience that such information in the past was invariably used against rather than for Black group interests. And this sensibility would certainly serve to explain why Blacks and other minorities are undercounted in the population census that the federal government conducts every 10 years. It also explains why some Blacks routinely give fictional personal information on "official" forms, such as when seeking out-patient treatment at a local hospital. They only revealed accurate personal information when hospital personnel gave satisfactory reasons for actually needing to get in touch with them.

On the other hand, the negative Black attitude towards the use of direct questions for personal information also connects to Black ethnic culture insofar as direct questions violate the Black social etiquette rule that sees the discretion for the revealing of personal information as properly belonging to the person who owns it. Direct questions for personal information violate this rule insofar as they preempt the discretionary prerogative of the person who is seen to own the information to decide when, whether and to whom that personal information is to be revealed. That this etiquette rule often connects to ethnic rather than class culture is shown by being applied to social situations, such as within the family, where no risk factor is present. And of course, both class and ethnic cultural factors might need to be invoked in order to fully account for the expression of this particular attitude in other social contexts.

The term *bad* to mean *good* defines a pattern of usage which also can connect to class culture on the one hand, and ethnic culture on the other. Within the class cultural framework, which includes Black people's dominated status as a racial minority, the term *bad* connotes defiance. It also stands as a defensive reaction and protest to the term *good*, which, as defined by Whites and applied to Blacks, as in the expression *good nigger*, meant for Blacks to behave docile, submissive, or deferential when interacting with Whites or otherwise to show acceptance of the restrictive social role to which they had been assigned. From the Black standpoint, it was better to be "bad" and promote disorder, or perhaps more accurately, antiorder, than to submit to an unjust and oppressive social system. But to retain one's capacity for righteous indignation and the readiness to behave defiantly requires that the individual and community spirit not be eroded. And it is to nurture and sustain that spirit that, in the context of oppression, makes vitality, for Blacks and other minorities, as Paul Carter Harrison (1972) said, more revered than virtue.

But *bad* also connects to Black ethnic culture insofar as noise, audacity, and boldness, those qualities of the "rude" or "broad" element within Afro-American culture stand not only in opposition to the "sweet," and respectable, but in juxtaposition to it, an ever alert and potentially ready disrupter of officially authorized proceedings which are not sufficiently powerful to organize, excite, and revitalize the emotional energy of all participants. Thus, unlike the White mainstream conception of "bad taste," which places the rude or unruly elements outside of the framework of socially authorized presentations or performances, the rude or noisy element within Black culture is essentially seen to operate within the socially authorized performance structure, as a potential commentary on and counterpoint to the official presentation to ensure that it is sufficiently vital, forceful, and energetic. Or said another way, in Black culture it is not bad characteristics per se that are seen to be improper, as is the case in White mainstream culture, but the uses to which they are put, that is, insofar as they serve to promote nonsense and disorder instead of order.

A nice example of this Black cultural pattern is provided by Roger Abrahams' account of a "tea meeting" in St. Vincent, West Indies, in which a speechmaking contest was to go on, with him acting as one of the judges. As Abrahams (1983, p. xxvi) describes it:

> The evening arrived and I found myself positioned on the stage with the two chairmen and the choir. The orators sat in the front rows, and the rest of the lodge hall was filled—to the point that many people were hanging out of the windows. I was neither prepared for the mob nor for the incredible amount of noise it generated, especially the rhymed curses and challenges that were screamed out as the young scholars went to the stage solemnly to present their orations. . . . What really took me back was that as the evening progressed, the meeting became dominated by the *pit boys* in the rear, who, by beating sticks against the backs of the benches in front of them, were apparently able to bring the proceedings to a total halt again and again. My fellow judges assured me through their laughter that this was not only permitted but an important feature of the event—even if it did prevent the speeches from being finished.

Among the several things that Abrahams indicates learning from his participation in this event was that:

> The alternative worlds of order and behavior and of rudeness and nonsense are clearly perceived by Vincentians as the most important dimension of the social organization in their home communities. Moreover, it is customary to bring the two segments into intense confrontation as part of this event and others. A meeting is not regarded as a success unless a good deal of tumult occurs, tumult in which the interest of everyone involved may then be sustained all night" (p. xxix).

But insofar as this event failed to uphold the standards of "order" and "behavior" it also, as Abrahams notes, reflects a failure of the traditional man-of-words within the culture to triumph, even as it comments on some of the qualities that a leader within the Black community must possess to be influential there. Thus, the explanations given to Abrahams repeatedly by Vincentians for why nonsense and disorder succeeded at that meeting was that the chairmen were not strong enough, or did not have sufficient guile, to win over the audience. Put in terms that we started with above, they were not sufficiently "bad" themselves to be able to keep the "bad johns" in the back from taking over.

CLASS AND ETHNIC CULTURE AS COMPONENTS OF BLACK SELF/GROUP AWARENESS

Class and ethnic components can be said to be part of Black self/group awareness if they serve an identity or boundary maintaining (we/they) function, either within the group or between groups. "Between group" criteria are those that are used to differentiate ingroup and outgroup members. They are part of the external standard insofar as they are known and used by both ingroup and outgroup members to define group membership. They typically reflect ascribed criteria–race, in the case of Black and White Americans.

"Within group" criteria are used to differentiate among ingroup members (those in the family, those in the neighborhood, and those who have left the neighborhood, altogether). They typically consist of performance criteria: values, attitudes and patterns of behavior that individual members must hold and demonstrate control over if they wish to have their claim to ingroup membership validated by others. They are part of the ingroup's internal standard and are usually known only to members of the ingroup insofar as outgroup members are not typically present in those social contexts where ingroup performance criteria are likely to be invoked. What follows are some class and ethnic cultural criteria that Blacks have used to qualify themselves and others for ingroup membership.

BLACK CLASS CULTURAL CRITERIA

Social Attitudes

The general need to ensure Black survival in a racist society has generated an internal performance standard revolving around Black social attitudes: specifically, the willingness of Blacks to publicly support, or at the very least, not jeopardize, the social and political progress of Blacks as a group. This ingroup performance standard is exemplified by the Black use of the expression "We're all in this together," which often functions as a call not to let individual or factional differences within the ingroup interfere with the need to generate political unity. Likewise the expression "Don't forget where you came from," which is to remind the more socially successful Blacks of their responsibility to help those less fortunate or lucky than themselves. It is also manifest in terms of positive regard that Blacks have for each other such as *brother*, *sister*, *blood*, and *member*, words that suggest and promote notions of family, and community, and through such terms, such values as loyalty, and solidarity. It is likewise manifest in such negative Black terms as *oreo*, and *tom*, to denote Blacks whose social values or accommodationist proclivities towards Whites are such as to make them unreliable or unusable in any Black group push for social and political change.

Black terms for Whites, such as ***honky***, ***redneck***, ***cracker***, and ***ofay***, at one end of the attitudinal scale and ***straight***, ***half-and-half***, and "blue-eyed soul brother," at the other end, reflect the Black orientation to characterize individual Whites in terms of their respective (positive or negative) racial attitudes towards Blacks. This use of terms represents essentially a reactive and defensive "minority" posture insofar as it shows that Black social attitudes towards Whites are dependent upon, rather than independent of, White racial attitudes towards Blacks. This orientation to differentiate Whites along these lines has obviously been necessary for Black individual and group survival, historically.

In this regard it is also significant that Blacks typically do not further differentiate Whites according to their sub-White "ethnic" group affiliation, something that Whites regularly do to each other (Allen, 1983). Thus, Black terms that have a White ethnic origin, like "paddy" and, perhaps, ***honky*** (insofar as it has converged with ***hunky***), are used by Blacks to refer to Whites generally, not just Irish or Hungarian-Americans. The explanation that Blacks give for this is that they did not see any difference among White ethnic groups as to their racial attitudes toward Blacks. And as was indicated in the other Black labels for Whites, Black differentiation of Whites was restricted to that criterion, that being the difference that made a difference to Blacks. These two cognitive orientations: Black willingness to be cooperative (and/or active) in support of Black social and political progress as a group, and Black monitoring of White racial attitudes towards Blacks, are clear outgrowths of class culture and/or Black social status as a minority group. The first orientation, also functions as a performance criterion validating Blacks' claim for (family) membership within the ingroup.

BLACK ETHNIC CULTURAL CRITERIA

Black Intonation

The basis for claiming that Black intonation patterns function as an ingroup boundary marker for Blacks comes from personal observation and discussion with other Blacks, some of whom manifest the distinctive Black intonation when interacting with other Blacks in ingroup social contexts, and others who do not.

Those who do not, regularly acknowledge the adverse criticism that they receive from other Blacks, the substance of which characterizes them as being "assimilationist-oriented," or "acting White." And I have had many opportunities myself to observe the nonverbal criticism directed at these same Blacks by others who do manifest such "Black" intonation patterns (a criticism often also verbalized later on when the person who is the target of such criticism is no longer present).

Those accused are often called upon to demonstrate their group affiliation in other ways, and may be further tested for their "Blackness," before any final judgment is rendered. And since further testing is usually conducted, one can argue that the social potency of the absence of Black intonation, by itself, may be regarded as more suggestive than conclusive as to "where that person is (ultimately) coming from" (i.e., whether their basic social orientation or group allegiance is "White" or "Black"). But there is no question of its function as an ethnic indicator for those Blacks who are mindful of the social need to maintain a sense of group community, solidarity, and unity. Consequently, as an inside boundary marker, it can also be considered "officially absent," when it does not occur in Black ingroup social contexts, where such intonation patterns for Blacks have generally been established as normative.

Expressive Intensity

Expressive intensity is another feature that Blacks use as a self and group identifying ethnic marker. This can be seen again by the criticism that is leveled at other Blacks whose expressive style tends to be relatively low-keyed. These Blacks are frequently accused, like those who do not manifest Black intonation in ingroup social contexts, of "acting White."

Another way that the social (i.e., ethnic) significance of expressive intensity for Blacks is revealed is through the protests that Blacks register when they are being criticized for showing it. Thus, a Black teacher from a predominantly White suburban school district complained publicly at a lecture I gave there about being rated "unsatisfactory" each year by the White school principal. At issue was his teacher presentation style which the principal considered too forthright and expressively intense. The Black man asked me whether I thought this was discriminatory. For him, the central issue there was one revolving around self and group identity. He felt that were he to mute the intensity of his presentations to the level that his principal wanted, he would no longer consider himself "Black," but "White."

Likewise, part of the charges of "racism" brought by Black football players against their White football coach a few years ago (Hersh & Berler 1980, p. 125), focused on his attitude towards the Black football players "giving skin," an expressive form of congratulatory hand-slapping done by Blacks (and White athletes, now too) when someone has performed exceptionally well on the playing field. Cooke called this subcategory of *giving and getting skin*, "superlative skin" (1972, p. 33), of which the present "high-five" is an example. These and numerous other examples along the same line lead me to conclude that expressive intensity, like intonation, is a manifest Black ethnic indicator, and functions as such for Blacks at all social levels.

Black Speech Acts and Events

In the chapter "The Force Field," (in Kochman, 1981) I argued that the different potencies of Black and White public presentations are a regular cause of communicative conflict. Black presentations are emotionally intense, dynamic, and demonstrative, whereas White presentations are more modest and emotionally restrained. As I said there (pp. 106-07):

> Where Whites use the relatively detached and unemotional *discussion* mode to engage an issue, Blacks use the more emotionally intense and involving mode of *argument*. Where Whites tend to *understate* their exceptional talents and abilities, Blacks tend to *boast* about theirs. Where White men—meeting women for the first time—*defuse* the potency of their sexual messages by disguising their sexual content, Black men make their sexual interest explicit and hope to *infuse* their presentations with sexual potency through artful, bold, and audacious sexual proposals.
>
> In essence, all of the Black speech acts and events that we have considered so far—argument, woofing, cursing, sounding, boasting, rapping, loud-talking—have animation and vitality as their key attributes. . . . One even might consider animation and vitality *necessary* attributes for these speech acts and events to qualify *as* Black.

And insofar as animation and vitality are also core components of Black *expressive intensity*, which I have argued here functions (along with Black intonation) as a Black identity and boundary maintaining marker, then we can see that as Blacks enact one or another of the above speech acts or events to satisfy the requirements of one or another speech situation, they are with the same breath, so to speak, also qualifying themselves and their presentations as "Black," ethnically.

PROGRAMMATIC AND/OR SERVICE IMPLICATIONS

Not all distinctive features of Black language and culture impact on Black self/group awareness, which is to say, have an identity or boundary maintaining function. Noticeably absent in this regard are Black grammatical features, such as whether a speaker says "I have went," as opposed to "I have gone," or uses "It" as a locative in "It was three books on the table," as opposed to "there" in "There were three books on the table." These are differences that do not seem to make a difference as far as Black ethnic group membership is concerned. Nor does the Black ingroup performance standard seem to care whether a Black person pronounces *ask* as [æsk] or [æks], an older dialect pronunciation of that word, also found among Whites in southern Appalachia (Williams, 1962). Mitchell-Kernan has an example of a 9-year-old Black female, Carol, reacting negatively to an attempt by her 9-year-old female friend, Betty, to "correct" her [æks] pronunciation to an [æsk] one by saying (jeeringly) "Aw, you always trying to talk so proper," (1971, p. 61). But it is not clear from Carol's response to Betty whether the particular pronunciation of *ask* as [æks] held some special ethnic (or for that matter class significance) for her, or, in this instance, whether she reacted simply to the self-righteous presumption behind her friend Betty's attempt to correct her speech. I would guess the latter.

Insofar as these differences do not make a difference in terms of identity or boundary maintenance, there is also likely to be less resistance by Blacks to establishing conformity with Standard English in the area of grammar. But there is likely to be considerable resistance in areas where the differences between Black language and culture and that of the dominant culture serve an identity or boundary maintaining function. This was shown in Mitchell-Kernan's community study in which the pluralistic emphasis within the Black community did include a desire for greater conformity to Standard English, but that it was selective in the sense that it focused on "grammatical deviation and not ethnic indicators" (1971, p. 148). Of course, a "correctionist" approach that presumes that some special virtue, or lack thereof, attaches to the use of one or another dialect form, is also likely to produce resistance, as the response of Carol to her friend Betty's attempt to "correct" her [æks] pronunciation shows. Piestrup (1973) has also shown this in her investigation of the relative effectiveness of several different teaching styles.

Here then is also contained a rationale for developing a more enlightened professional approach toward dealing with Black communication patterns—one based on knowing which distinctively Black communication and cultural patterns are likely to make a difference for Blacks and why. Who knows? It may eventually generate "tumult" among the teachers, trainers, and practitioners within the field of Communicative Disorders, a good thing generally, insofar as the resolution of such tumult produces greater professional expertise and social benefit to those we aim and claim to serve.

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Chapter 7

THEORETICAL FRAMEWORKS AND LANGUAGE ASSESSMENT

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Language assessment devices are not constructed within a vacuum. They reflect theoretical, and, unfortunately, too often atheoretical positions about the nature of language that affect profoundly their quality and validity. After reviewing (Vaughn-Cooke, 1980a, 1980b, 1983) and reading reviews (Muma, 1984, Reveron, 1984, Spekman & Roth, 1984, Wolfram, 1983) of some frequently used assessment tools, I was deeply disturbed and puzzled by evidence from many tests which revealed that their authors had made little or no effort to study current theoretical approaches to accounting for a speaker's knowledge of language.

Developing an assessment tool is a formidable responsibility—the finished product could affect the quality of some child's life. It is thus important to recognize the serious nature of this task, one which requires a lot of time, effort, and knowledge. Too many tools indicate that test developers are willing to invest the time and put forth the effort, but unwilling to acquire the knowledge about language that should serve as the foundation for the test construction process.

What kind of knowledge does a prospective author of a language test need? He or she needs first and foremost to know what language is. One would think that every potential test author would require this kind of basic knowledge before beginning test construction, however, specific items on certain tests, the Utah Test of Language Development (UTLD) (Mecham, Jex, & Jones, 1967) for example, reveal that some authors initiate test construction before adopting a current and credible definition of language. This is evidenced by the inclusion of items which are totally irrelevant to an assessment of a speaker's linguistic knowledge. Items 32 and 40 on the UTLD are a case in point. They require the testee to *read* words on the pre-primer level and *write* cursively with a pencil, respectively. If the test constructors had been guided by a well-formed definition of language, they would have never included items like 32 and 40, which evaluate literacy, not language. There is a distinct difference between the ability to read and write and the ability to speak a language. There are many people in the world who are highly competent speakers of a language, but who cannot read or write. If such people, however, were administered the UTLD, literacy items would be utilized in the formulation of conclusions about their ability to speak a language. Such conclusions would, of course, be invalid.

It is important to note that the inclusion of items irrelevant to an assessment of a speaker's ability to comprehend and produce language is not limited to older tests. Unfortunately, some recent and widely used tests also exhibit this problem. The Clinical Evaluation of Language Functions (CELF) (Semel & Wiig, 1980) provides a current example (for detailed critiques of this test see Muma, 1984 and Spekman & Roth, 1984). This tool contains items which assess arithmetic skills. Item 11 on the Elementary Level Screening Test is included in the language production section of the CELF, however, it requires a testee to count to 20 by 2's. Item 12 on the Advanced Level Screening Test, also included in the language production section, commands testees to count to 30 by 3's. These tasks, like the examples from the UTLD, cannot provide a valid evaluation of language skills because they assess far more than linguistic knowledge. They measure specific arithmetic knowledge which is learned, in most cases, through formal instruction in an academic setting.

Validity problems caused by the inclusion of inappropriate assessment items like those on the UTLD and the CELF can be avoided if the test constructors begin with Bloom and Lahey's (1978) or some other reasonable definition of language. Bloom and Lahey define language as a "code whereby ideas about the world are represented through a conventional system of arbitrary signals for communication" (p. 4). Following this definition, test items would focus on the speaker's code or linguistic forms, ideas or concepts expressed by the code, and the way in which the code is used to communicate with members of the speaker's linguistic community. Within the framework of Bloom and Lahey's definition, a speaker's ability to count, read, and write would be irrelevant.

The second kind of knowledge that a prospective author of a language test should have is knowledge of systems for describing language. An assessment tool must provide a procedure for revealing the patterns within samples of language (elicited or spontaneous). The analysis of such samples will be fruitless and misleading if the procedure for describing them is inadequate. Item 8 on the Houston Test of Language Development (HTLD) (Crabtree, 1963) illustrates this point. According to the test author, the goal of item 8 is to measure syntactic complexity. The data required for measurement consist of spontaneous utterances, which is a superior sample of a speaker's language; however, the procedure for describing the utterances is vague, unsystematic, and incapable of revealing different levels of syntactic complexity. Consider the following instructions presented in the manual.

> Analyze the syntactical complexity of the [child's] sentence or thought units according to the following descriptions of the typical performance of each age level.
>
> The 3-year-old may use phrases, or short fragmentary sentences. In other words, the subject and/or the predicate are missing. For example: "A little chair." "There a chair." "Hey, a boy!" "Take shoes off."
>
> The 4-year-old shows syntactical growth in that he is able to use a subject and predicate. His sentences are defective for the most part. They may contain an incorrect order of words, such as, "I know who is that boy." Or, they may be telegraphic, that is, less important words may be omitted, such as articles, connective words, and auxiliary verbs. For example: "Fox eats rabbit."
>
> The 5-year-old functions at a higher level of syntax in that he is able to organize his thoughts regarding the toys into complete sentences.
>
> The 6-year-old shows a distinct growth in syntactical ability in that he is able to develop sequences by the use of a theme or plot (Crabtree, 1963, pp. 21-22).

As noted above, this system is vague and unsystematic. Categories like "phrases," "short fragmentary sentences," "complete sentences," "theme," "plot," and "defective sentences" reveal the author's limitations in the area of language description. Crabtree's descriptive procedure highlights an important aspect of the assessment process. It is important to collect a good, representative sample of language (one which provides examples of the speaker's most complex linguistic forms, content, and functions) from a client, and it is equally important to employ a framework which can provide an adequate description of that sample.

It should be noted that most of the more recent tests do not include items which require the elicitation and analysis of a language sample. A good descriptive framework, however, is no less important, for the elicitation and analysis of a language sample now constitute a major component of the assessment process in many clinical settings.

A third type of knowledge that a prospective test author should acquire is knowledge of explanations for a testee's ability to speak a language. Chomsky's (1965) work provides a relevant example. He exposed the need to account for linguistic creativity—the ability of a speaker to produce sentences he has never before heard. Chomsky explained this accomplishment by proposing that speakers learn a finite set of rules which generate the infinite number of sentences a competent speaker can produce. Earlier proposals (Skinner, 1957) attempted to account for children's ability to speak by claiming that language is acquired through a conditioning process which involves memorizing sentences. This explanation was rejected after the presentation of convincing evidence for Chomsky's proposal.

An assessment tool should reflect Chomsky's fundamental observation about linguistic creativity. This can be done by elicitng an adequate number of examples of expressive language in order to provide evidence for the speaker's knowledge of underlying rules. Tests which utilize only imitation tasks or which elicit a single example of a linguistic construction cannot capture and evaluate one of the most important features of language—creativity—and the underlying system of rules which accounts for it.

A test developer's search for a definition, descriptive procedure, and explanation for one's ability to speak a language could end with the selection of one of the major theoretical frameworks that has evolved within the field of language acquisition. It has long been acknowledged that results from studies in this area play an essential role in the assessment process. They provide information regarding the age and order of acquisition of linguistic knowledge. A close examination of language acquisition studies and language assessment tools indicates that the former also provide the framework, and thus the focus, of many such tools. As new frameworks have evolved for studying the development of language, so have new assessment tools; the abandonment, however, of old frameworks has not resulted, regrettably, in the abandonment of many related assessment tools.

Since some of the available frameworks that can be utilized by prospective test authors exhibit limitations, it is imperative that potential authors evaluate them critically and rigorously before employing one to guide their construction of a language assessment device. The goals of this paper are to (a) examine the theoretical frameworks that have evolved over the past 3 decades and to note their impact on the development of assessment tools, and (b) discuss the lag in the application of current frameworks to the problem of assessing the language of nonmainstream speakers.

FORM FRAMEWORKS

The prospective test author searching for a theoretical framework is certain to discover the form approach that evolved from linguistic analyses representing the structuralist orientation (Bloomfield, 1933; Hockett, 1958). This approach, which focused on classifying linguistic forms, dominated developmental language studies during the 1940s and 1950s. The form approach guided the large-scale normative study conducted by Templin (1957), who reported her results in *Certain Language Skills in Children*. Examination of this work reveals how language was described within the form framework. Analyses performed by Templin included:

1. A parts of speech analysis, which involved placing words in the following categories: noun, verb, adjective, adverb, pronoun, conjunction, preposition, article, interjection and miscellaneous;
2. a complexity analysis, which involved classifying utterances according to six major categories: (a) functionally complete but structurally incomplete, (b) simple without phrase, (c) simple with phrase, (d) compound and complex, (e) elaborated, and (f) incomplete;
3. an analysis of complete sentences, which involved classifying utterances according to the four major sentence types: declarative, interrogative, imperative, and exclamatory; and
4. an analysis of vocabulary, which involved determining children's vocabularies of recognition and use.

The form framework that guided Templin's (1957) work had a major and far-reaching impact on test developers. Many of the frequently used and recently published language tests reflect the focus of this approach, in spite of the evolution over the last 2 decades of superior approaches. These include the Peabody Picture Vocabulary Test (PPVT) (Dunn & Dunn, 1981), the Houston Test of Language Development (Crabtree, 1963), the Utah Test of Language Development (Mecham, Jex, & Jones, 1967), the Grammatic Closure and Verbal Expression Subtests of the Illinois Test of Psycholinguistic Abilities (Kirk, McCarthy, & Kirk, 1965), the Developmental Sentence Scoring Technique (Lee, 1974) and more recent tests like the Bankson Language Screening Test (Bankson, 1978), the Test of Language Development (Hammil & Newcomer, 1982), and the Screening Kit of Language Development (Bliss & Allen, 1983).

Influence from the form framework can be revealed by examining specific items on any of the assessment tools cited above. All of the items on the PPVT, for example, focus on receptive vocabulary, an aspect of form analyzed by Templin in her large-scale study.

Another framework which focused on form that had an impact on the development of language assessment tools was the generative framework. Studies (Chomsky, 1957; Chomsky, 1965) which provided the foundation for this approach revealed that speakers do not simply memorize words and sentences in order to speak a language; they learn, instead, a finite set of rules—phrase structure and transformational—which can generate an infinite set of sentences. This characterization of a person's ability to speak a language respresents a major development in linguistic theory.

Developmental studies which reflected the influence of the generative approach include Brown, Cazden, and Bellugi (1964), Braine (1963), Menyuk (1964), and Miller and Ervin-Tripp (1964). Unlike the earlier form studies, the generative studies went beyond classifying linguistic structures; they attempted to specify the rules underlying such structures. A major goal of these works was to reveal the underlying set of phrase structure and transformational rules which generate children's utterances. Menyuk's (1964) comparison of the grammars of children with functionally deviant and normal speech was one of the first child language studies which attempted to accomplish this goal. She observed that

> the children with deviant speech, in the terms of the [generative] model of grammar used for analysis, formulated their sentences with the most general rules whereas children with normal speech used increasingly differentiating rules for different structures as they matured (Menyuk, 1964, p. 109).

The generative framework utilized by language development researchers was adopted by practitioners who developed assessment tools that included procedures for evaluating a speaker's knowledge of linguistic rules. Muma's (1973) "Cooccurring and Restricted Structure Procedure" and Hannah's (1977) "Syntactic Procedure" are examples of such tools. For the latter procedure a spontaneous language sample is utilized, and the analysis involves specifying the basic and transformational rules that generate each utterance. The utterance below, with rules specified, illustrates the general goal of Hannah's analysis.

It doesn't to me.
T—ellipsis
T—do
T—contraction
T—negation
T—indirect object

The prospective test author should reject frameworks which focus only on form, and should continue to search for an approach that can provide a description of form and other dimensions of language. Research that followed Templin's (1957) work and the generative grammar works provides a more comprehensive description of a speaker's linguistic knowledge by expanding the analytical focus to include language content and use. This latter research was able to build on the form studies by incorporating their strengths—descriptions which revealed the generative aspect of language—and rejecting their major weakness—their unidimensional focus. The frameworks which evolved from this research were multidimensional in that they focused on content and form, form and use, or all three of these dimensions of language.

CONTENT AND FORM FRAMEWORKS

A prospective test author examining theoretical frameworks that evolved from the developmental literature during the early 1970s will encounter the works of Bloom (1970), Bowerman (1973), Brown (1973), and Schlesinger (1971). These researchers conducted studies that marked a turning point and an important advancement in language development research. They presented evidence which required expanding the focus of frameworks for studying child language to include an analysis of content, or meaning, as well as form. A framework is inadequate, these researchers argued, if it cannot specify the content underlying linguistic structures. This was done by "focusing on the correlation of linguistic and contextual features—on what the child said in relation to what he was talking about and the situation and behavior that cooccurred with what he said" (Bloom, 1970, p. 2). By examining utterances within the context in which they occurred, researchers were able to reveal the underlying content that was being expressed by forms in the child's evolving linguistic system. Schlesinger's (1971) reanalysis of two-word utterances from published data reveals the descriptive goals of the expanded approach. Consider his content categories and examples:

1. Agent + Action	Bambi go (quoted in McNeill, 1966)
2. Action + Direct Object	see sock (Braine, 1963)
3. Agent + Direct Object	Eve lunch (= Eve is having lunch; Brown & Bellugi, 1964)
4. Modifier + Head	pretty boat (Braine, 1963)
5. Negation + X	no water (Braine, 1963)
6. X + Dative	throw Daddy (= throw it to Daddy; Brown & Bellugi, 1964)
7. Introducer + X	that blue (Miller & Ervin, 1964)
8. X + Locative	sat wall (= He sat on the wall; Brown & Bellugi, 1964)

Schlesinger (1971) and other researchers during the 1970s demonstrated that the unidimensional approach which focused only on form needed to be abandoned. Their evidence illustrated convincingly that the more comprehensive content and form approach was superior and thus should be adopted as a framework for studying language development.

The content-form framework was very appealing to language assessment specialists who began within a few years developing procedures which reflected its expansion. McDonald and Blott (1974) utilized Schlesinger's eight semantic relations as the foundation for their "Environmental Language Intervention Strategy." The illustrative examples below were selected from the diagnostic component of the strategy.

	Cued conversation linguistic cues	*Nonlinguistic cues*	*Cued imitation linguistic cues*
1.	"Tell me what I'm doing."	Agent + Action Examiner takes pen and paper and writes.	"Say, 'You write.'"
2.	"Tell me what I'm doing."	Action + Object Examiner throws ball.	"Say, 'Throw ball.'"
3.	"Tell me where it is."	X + Locative Examiner puts ball on chair away from child.	"Say, 'Ball there.'"

From: McDonald and Blott (1974, p. 250).

Other assessment specialists who utilized the content and form framework to guide the development of their procedures (or specific components of procedures) include Lahey and Bloom (1977), Leonard (1975), McDonald (1978), and Owens (1982).

The content and form approach should appeal to prospective test authors because it is current, and it incorporates some of the major advancements over the last decade in language development theory. This approach attempts to account for a second major dimension of language—meaning, or semantics—in a systematic way. It views semantic knowledge as more primary than linguistic form and requires that a child's utterances be classified according to a set of semantic categories.

Viewing semantic knowledge as more primary than linguistic form is particularly important for an assessment of the language of nonstandard English speakers, who comprise a large percentage of the clients seen in clinical settings each year (this percentage, of course, varies geographically). Attempts to analyze, without a semantic component, the grammatical structures that characterize nonstandard varieties of English have resulted in misleading and erroneous descriptions of the linguistic competence of nonstandard speakers. The absence of forms characteristic of Standard English has been taken by proponents of the deficit theory as evidence for the absence of the corresponding underlying semantic knowledge. Grammatical forms that code the concept of possession in Black English illustrate this point. Unlike Standard English speakers, Black English speakers may express possession without an inflectional marker, thus, utterances like "John hat" and "John house" are grammatically acceptable. Of course, it is fallacious to conclude that speakers who use these utterances do not have knowledge of the concept of possession. The use of the content and form framework, which views semantic knowledge as more basic than form, will allow test developers to separate that which is general and universal in linguistic systems from that which is restricted and specific.

FORM AND USE FRAMEWORKS

As noted above, the use of frameworks which focused on both content and form represented an important advancement in child language research. Around the mid 70s, however, investigators began to provide evidence which indicated the need for an approach that could account for a third major dimension of linguistic knowledge; that is, knowledge of pragmatics or language use (Bates, 1976; Dore, 1975).

It is argued that in addition to learning about the content and form of language, young children also learn how to use language. Dore (1975), following the works of Austin (1962) and Searle (1969), presented a theoretical framework and descriptive technique for classifying one-word utterances according to a set of primitive speech-act categories. The categories included labelling, repeating, answering, requesting (action), requesting (answer), calling, greeting, protesting, and practicing. The examples below illuminate the goals of the speech-act analysis.

Speech act	*Linguistic and contextual evidence*
Labelling	M touches a doll's eyes, utters /aiz/, then touches its nose, utters /nouz/; she does not address her mother and her mother does not respond.
Repeating	M, while playing with a puzzle, overhears her mother's utterance of *doctor* (in a conversation with the teacher) and M utters /data/; mother responds *yes, that's right honey, doctor*, then continues her conversation; M resumes her play with the puzzle.
Answering	Mother points to a picture of a dog and asks J *What's this?*; J responds /bau wau/.

From: Dore (1975, p. 31)

The expansion of the developmental framework to include the dimension of language use had the same positive effect that resulted from the inclusion of language content. Assessment specialists began developing tools which could evaluate the child's knowledge of pragmatics—another major dimension of language. Most of these tools consist of unstandardized procedures like those described in Dale (1980), Gallagher and Craig (1984), Gallagher and Prutting (1983), Johnson, Johnston, and Weinrich (1984), Roth and Spekman (1984a, 1984b), Simon (1984), and Staab (1983). Some formal tests have also been published, including Let's Talk Inventory for Adolescents (Wiig, 1982). This test assesses knowledge of four major categories of speech acts: ritualizing, informing, controlling, and feelings. Examples of subcategories within each of these major categories are presented below.

Ritualizing

—Greetings
—Farewells
—Calls
—Telephoning and initiating conversation

Informing

—Yes/no question
—Content question (Who . . . ?)
—Content question (Where . . . ?)
—Affirmative response

Controlling

—Offering assistance
—Commanding
—Suggesting
—Promise

Feelings

—Endearment
—Exclamation
—Blaming
—Apologizing

Like the content and form approach, the form and use framework should appeal to prospective test authors, for it too is current. It will allow test constructors to focus on a dimension of language that is equal in its importance to language content.

CONTENT, FORM, AND USE FRAMEWORKS

A fourth framework that could be discovered in a prospective author's search for an approach to guide the construction of an assessment device is one which focuses on all three of the major dimensions of language: content, form, and use (Bloom & Lahey, 1978). Utilizing the developmental research which provided the foundation for the content and form, and form and use frameworks, Bloom and Lahey provided a scheme for describing the interaction of content, form, and use.

The following example of a child's utterance and the context in which it was produced illustrates the descriptive goals of this comprehensive approach.

Context	*Child's utterances*
(Mother and child playing with a race track and cars)	
Mother: Let me have a car. I want to play too.	
(Child: takes one of two cars and holds it close to his chest)	This car mines.
Mother: Okay then. I'll take the other one.	

From: Stockman and Vaughn-Cooke (1981, p. 22)

In the above example, the form analysis would involve classifying the specific structures according to syntactic categories and specifying the rules for combining structures in the observed utterance. But instead of focusing solely on the syntax of *this car mines*, as the unidimensional form approach would require, the investigator, using the expanded content-form-use framework, must also consider what the utterance means and how it is used. By considering both the structure of the child's utterance and the context in which it was produced (in particular, the child's nonlinguistic behavior), the investigator can specify the semantic content (i.e., the concepts expressed by the utterance). In the above example, the occurrence of the possessive pronoun *mine* and the verbal act of taking one of two cars and holding it to the chest provide evidence that the utterance expresses a possessive state. Furthermore, a pragmatic description required by a multidimensional approach would reveal the function of the utterance in the child's language. For example, the utterance above functions as an assertion.

Bloom and Lahey (1978) developed a procedure for analyzing a spontaneous language sample which reflects the principles underlying the content-form-use framework. The goals of their assessment procedure are to describe (a) the content of children's language, (b) the linguistic forms used to express content, and (c) the way in which children use forms to talk about ideas of the world and to interact with other persons (Bloom & Lahey, 1978). In order to achieve these goals, specific steps must be followed when collecting and preparing the data to be analyzed and when performing the multifocused analysis of the language sample.

During the collection of the language sample, the context in which utterances are produced should be carefully observed and recorded. For example, the diagnostician should note not only what the child says but also note what the child does, as well as what other persons are saying and doing when they are interacting with the child. This expanded set of data is used as evidence to support hypotheses regarding meaning and function in the child's communication system.

After collecting and transcribing the language sample, utterances which contain at least two of the major grammatical constituents, subject-verb-complement, are first classified according to the content categories of their verb relations, including the action relation (e.g., *Gia ride bike*), the locative action relation (*mommy in this bed*), the locative state relation (*there's a bed*), the state relation (*he tired*), and the existence relation (*this mom*). Utterances are also examined to determine whether they code other content categories (e.g., nonexistence, rejection, denial, recurrence, attribution, possession, and causality).

The form analysis involves determining the type and number of grammatical constituents that are included in an utterance. This evidence is then used to determine whether a content category is productive (i.e., represents systematic behavior) at a particular phase of language development. The number of constituents observed in an utterance is also compared with the number expected in the adult model in order to determine achievement. Productivity and achievement criteria were established by Bloom and Lahey (1978).

The use component of the procedure involves analyzing a child's language according to the way in which utterances were used. The investigator is instructed to note whether utterances initiated by the child represent a response to a question or a statement. In addition, the function of each utterance should be specified (i.e., note whether the utterance was used to comment, demand, pretend, etc.). Inappropriate responses to questions and statements should be noted.

The content-form-use framework will appeal to the prospective test author who is interested in developing a comprehensive tool that can evaluate the interaction of these three dimensions of language; however, constructing such a tool will present a major challenge and require extensive knowledge of the developmental literature in the areas of both semantics and pragmatics. Most of the recently developed tools which assess knowledge of content and use focus on only one of these dimensions. This is justifiable, given the enormous complexity and detail characteristic of each dimension of language.

In sum, a prospective test author searching for a guiding framework should avoid the unidimensional approaches which focus only on linguistic form. Evidence presented in the early 1970s (Bloom, 1970; Bowerman, 1973; Brown, 1973; Schlesinger, 1971) revealed that such approaches are inadequate and that they should be abandoned. Prospective test authors should select one of the current, multidimensional frameworks which focuses on either content and form, form and use, or the interaction of content, form, and use.

THEORETICAL FRAMEWORKS AND LANGUAGE ASSESSMENT OF NONMAINSTREAM SPEAKERS

The progress that has been made in language assessment over the past decade is indeed impressive. It is noteworthy, however, that the advancements discussed in the preceding sections have had almost no effect on the assessment of language in nonmainstream speakers. This is evidenced by the fact that many of the tools that reflect the new foci on pragmatics and semantics were not designed for nonmainstream speakers. This design bias was openly acknowledged by Wiig (1982) in her recently published pragmatics test, Let's Talk Inventory for Adolescents. She admitted that

> the item design presents a deliberate bias against a speaker who is not a representative of standard American English. This bias was dictated by the recognition that social-interpersonal communication acts differ as a function of language community. The inventory was designed to be appropriate for probing the ability to formulate and associate speech acts representative of speakers of standard American English (Wiig, 1982, p. 4).

In order to avoid misuse of assessment tools, prospective authors should follow Wiig's example (see also Lee, 1974) and indicate openly, and honestly, the speakers for whom their tests have been designed. When this caution is not offered, the result is often an invalid language evaluation for a nonmainstream speaker. The price these speakers have paid for invalid evaluations is now well known. In order to provide appropriate and adequate evaluations, assessment specialists will have to do more than refrain from using biased tests. They will have to develop new tests which can evaluate the pragmatic and semantic aspects of a nonmainstream speaker's language. At this point, nearly all of the recently developed assessment devices which have been designed for these speakers focus only on linguistic form. These include the Screening Kit of Language Development (Bliss & Allen, 1983) and the Black English Sentence Scoring Technique (Nelson, 1983). Recall that the form framework which guided the development of these tools was abandoned more than a decade ago by innovative researchers and practitioners.

Why are developments in language assessment of nonmainstream speakers lagging so far behind those for their mainstream counterparts? The reason is that test constructors, who have targeted the former group, have failed to abandon the old, noncurrent form framework, even in the 1980s. This framework has been retained in spite of its limitations because assessment specialists have not been concerned with evaluating the pragmatic and semantic knowledge of nonmainstream speakers. They have been concerned, instead, with devising scoring systems which will give credit for nonmainstream forms (see in particular Nelson's (1983) Black English Sentence Scoring Technique). Inarguably, such scoring systems are necessary, but they are not sufficient. What is needed are tools that have nonbiased scoring systems and the capacity to evaluate the pragmatic and/or the semantic dimensions of a nonmainstream speaker's language. Tools which do not exhibit these critical features are inadequate, and language assessment specialists need to be mindful of their limitations.

In conclusion, researchers and practitioners who accept the important challenge of developing a language assessment device for mainstream or nonmainstream speakers (or both) should recognize the critical nature of the preparatory phase of test development. During this initial phase, prospective test authors must study intensively the language development literature relevant to the focus of the tests they are developing. Additionally, they should conduct rigorous evaluations of the available theoretical frameworks and select one that is current and well-founded as a guide in the development of their tools. In order to avoid the negative and often far-reaching impact of inadequate preparation for test development, prospective test authors should keep in mind this observation: Far less time, energy, and resources are needed to do the groundwork for developing a good test than are needed to reverse the effects of a bad test on the future of a child.

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Chapter 8

THE NON-NATIVE SPEAKER: TESTING AND THERAPY

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In the following discussion of testing and therapy of the non-native speaker, the information will be divided into two parts. The first offers suggestions for providing a comprehensive language assessment of limited-English speaking (LES) and non-English speaking (NES) children as well as the selection and training of personnel to administer such procedures. The second part addresses the issue of therapy for these children. While my comments may be applied to all non-native speakers, special reference is made to the identification and treatment of language disorders in Spanish-speaking children. These children were my concern when I was in New York City and led to the adaptation and standardization of the Peabody Picture Vocabulary Test (Dunn, 1965) for New York City's Puerto Rican population (Wiener, Simon, & Weiss, 1978). Now that I am in the New England area, I find that there are large numbers of children from like cultural and linguistic backgrounds who appear also to need help in both testing and therapy.

When current practices are examined in the language assessment of non-native speaking children, both limited-English speaking (LES) and non-English speaking (NES), it becomes obvious that our approach has been clearly inappropriate (Evard & Sabers, 1979, Miller & Abudarham, 1984). The results of these inappropriate procedures appear in the over-representation of children from linguistic minorities in special education classifications designed for children who have been labelled deficient in cognitive development or with specific learning difficulties (DeAvila & Havassy, 1975; Mercer, 1973, 1980, 1983; Tucker, 1980).

Many of the LES and NES children should not be considered as suffering from a language disorder; they simply have not had the opportunity to master American English (the language of the tests often used to evaluate the LES child). Or, in the case of the NES child who speaks another dialect, the test often does not take into account lexical, syntactic, and phonological variations.

Miller (1984), in discussing issues in cross-cultural assessment, and in particular the administration of formal tests of achievement and ability, claimed that the most prominent component placing certain groups at a disadvantage is language. "This does not only mean the belatedly recognized preposterousness of subjecting children to assessment in a language that is not their mother-tongue" (p. 110), but rather that the non-native child's language problems are more deeply rooted than simply a matter of choice between language A or B. He stressed the necessity for understanding the influence of social and cultural factors on patterns of language usage.

The need to evaluate the language of large numbers of bicultural LES and NES children in this country has existed for 2 decades. Current census figures indicate that this need has increased, particularly in the Hispanic communities where there is an ever growing number of children attending the public schools. An inspection of the 1980 census figures showed an Hispanic population of 14.6 million, which is 6.4% of the total United States population, or an increase of almost 5.6 million from the 1970 census. Further contrasts between 1970 and 1980 census figures indicated that the total United States population increased 11%, whereas the Hispanic population increased 61% (U.S. Department of Commerce, 1983). This upsurge has led to speculation that Hispanics may be the nation's largest minority group by the year 2,000, outnumbering Blacks (*Time*, 1978). Furthermore, Hispanics account for 80% of an estimated 3.5 million elementary and secondary school students who speak little or no English.

Numerous problems have been associated with accurate data collection on numbers of LES and NES individuals in the United States due to several factors, including methods of census identification, mobility and immigration (Erickson & Walker, 1983). The identification of exceptional children within these groups is even more difficult, with the specification of disorder types (e.g., language impaired) an almost impossible task. Realizing this, one must rely on data on comparable monolingual children and expect that problems exist in non-native populations in somewhat the same proportion.

Recent figures estimate that 7–10% of monolingual school-aged children have some type of speech-language disorder. While we have inadequate data on the prevalence of communication disorders in bilingual/bicultural children (Linares, 1983), two studies on the occurrence of speech and language disorders in Hispanic children report interesting findings when compared to monolingual data. For example, Fábregas (1979) found that nearly 26% of Puerto Rican children in the city of San Juan had some kind of communication handicap. Language disorders were most prevalent followed by voice, articulation, and fluency disorders. Toronto (1972) noted a similarly high incidence in the predominantly Mexican-American and Puerto Rican areas of Chicago where 20% of the Spanish-speaking children under age 6 had inadequate skill in both Spanish and English. While these data are higher than similar estimates regarding monolingual children, if we apply the 7–10% United States figure regarding incidence of speech-language disorders in school-aged children to the growing population, it is very clear that we must find appropriate testing and intervention procedures to provide service to these children (Damico, Oller, & Storey, 1983).

Our training tells us that the immediate goal in assessing speech and language proficiency is to differentiate between normal developmental patterns and actual problems outside of generally recognized stages of acquisition (Miller, 1984). In attempting to determine whether a bilingual child's limited English proficiency is a function of a language difference, delay or deviance, the speech-language pathologist must consider if the child's limited English ability is due to limited exposure and experience or, if the reason is a fundamental linguistic disorder which will manifest itself in both of the child's native and non-native languages.

Considering that an underlying language disorder impedes academic performance for children in the short term and their future employment potential in the long term, this process of language assessment of the LES/NES child is recognized as an essential step toward improving school achievement in English, social-emotional development and access to equal employment opportunities. In providing such assessment, it is essential that the speech-language pathologist consider the interaction of relevant social, cultural, and linguistic variables and their influence on the language assessment of children from non-native speaking backgrounds (Mattes & Omark, 1974).

The work of Cummins (1979, 1980) strongly establishes the notion that cognitive and academic success in a second language is dependent on the development of first language communication skills which he conceptualizes as the following two varieties: BICS (basic interpersonal and communicative skills) and CALP (cognitive/academic language proficiency). Cummins sees BICS as involving face-to-face language encounters, usually heavily context-embedded, and which, in addition, rely strongly on paralinguistic and situational cues. CALP, on the other hand, according to Cummins (1984, p. 137), is "the ability to use language effectively in decontextualized academic situations" and is, in effect, the literacy-related aspects of language use.

Professionals conducting research on bilingualism/dual language acquisition recognize the complexity of linguistic interaction for children acquiring two languages simultaneously (Krashen, 1981; McLaughlin, 1978). Language assessment for this group is complex, as we all know, and requires knowledge regarding the interlanguage relationship and its impact on the child's linguistic development (Selinker, Swain, & Dumas, 1975).

Unfortunately, the language assessment procedures in current use with LES/NES children often are cited as not being consistent with contemporary linguistic theory nor data regarding first and second language acquisition (Erickson, 1981; Gavillan-Torres, 1984; Mercer, 1983). However, what is hopeful in terms of improving these procedures is the use of ethnographic methodology in the study of language development in language-minority communities (Erickson, 1981; Gavillan-Torres, 1984; Heath, 1986) and the increased emphasis on assessing students' language proficiency in natural communicative contexts (Bloom & Lahey, 1978; Seymour & Miller-Jones, 1981; Taylor & Payne, 1983).

A brief historical review reveals that the study of child language development in general has progressed from a pre-Chomsky (Chomsky, 1957) structuralistic framework to a more sociolinguistic or "pragmatic" one (Erickson, 1981; Miller, 1984). This view reflects the shift from earlier conceptualizations of language as a collection of lexical, syntactic/morphological and phonologic parts (i.e., form) to an understanding of the function of language as a central component of the communicative process. The term *communicative competence* (Hymes, 1971) thus applies to the combined form and function domains of language. According to Kessler (1984) communicative competence consists of four components:

1. *Grammatic competence*, or the mastery of the formal features of language (i.e., phonology, morphology/syntax and lexicon);
2. *Sociolinguistic competence*, or the mastery of sociocultural rules of language use relative to context;
3. *Discourse competence*, or the competence relative to rules governing connections between a series of utterances to form a meaningful entity; and
4. *Strategic competence*, or the ability to utilize strategies to compensate for breakdowns in communication.

Kessler (1984) recognized the limited knowledge regarding the interface between the four components of communicative competence in monolingual children and acknowledged that this knowledge is even more limited for children learning two languages. Nevertheless, language assessment practices for English-speaking children are now beginning to move away from a form-oriented approach, which utilizes discrete point measures of the surface structures of language, and toward procedures which focus on language functions and the use of language in context (Gallagher & Prutting, 1983; Lund & Duchan, 1983). Due to various factors, including the lack of official guidelines for determining what constitutes a delay, deviation, or difference (Gavillan-Torres, 1984), language-assessment practices for non-native English speakers of Hispanic origin have not realized this shift to the same degree. Thus, assessment approaches remain largely "discrete point" in nature, measuring finite units of language such as plural or past tense markers (Erickson, Anderson, & Fischgrund, 1983), and are not consistent with contemporary linguistic theory which focuses on the use of language in context (Bates, 1976). Support for assessment techniques that examine both form and function in monolingual populations is widespread (Naremore, 1979; Van Kleeck, 1984). While discrete point tests, those that measure the form of language, may be the easiest to design, develop, administer and score, they are of decidedly limited value for understanding a child's communicative competence or functional language proficiency and for determining those language-based difficulties that may limit developmental and academic success.

A review of currently available tests to assess the language proficiency of Spanish LES/NES children reveals problems in addition to their discrete point format. Erickson (1981) noted that the increased awareness by educational specialists of the inappropriateness of test procedures has led to a variety of practices which sought to remedy the situation. Unfortunately, these remedies contained other, sometimes significant

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problems. The following description of these alternative strategies includes the problems associated with each as discussed by various authors (Day, McCollum, Cieslak, & Erickson, 1981; Leeman, 1981; Miller, 1984).

1. Translations of English tests, as well as new non-English and bilingual measures, were developed without sound theoretical bases and statistical evidence of their reliability and validity. Translations typically provide little or no evidence of the degree to which they parallel the original English version and do not account for cultural variation as they are purported to do.

2. The use of test materials and procedures that are judged to be culturally biased contradict the key notion of the sociocultural factors affecting language use and development.

3. Among those tests developed for Spanish-speaking children, the vast majority have been designed and standardized for speakers of the Mexican dialect. In light of the influence of culture on language and dialect variation, statistical theory precludes the use of normative data derived from one population (i.e., Spanish speakers of Mexican background) on a different population (i.e., Spanish speakers of Puerto Rican background). Existence of at least six identifiable Spanish dialects (Dalbor, 1969) illustrates the potential effects of dialect-specific measures. Additionally, most of the tests assess vocabulary or lexicon, which, along with phonology, account for the most significant variations between dialects.

4. Related to the problems just cited, is the development of locally normed tests which are appropriate only for specific geographical regions and/or socioeconomic populations. Due to the scarcity of test materials for Hispanic children in general, diagnosticians tend to use readily available, but often inappropriate, testing tools in their quest for information.

New procedures are reportedly being developed which are considered "quasi-integrative" (McCollum & Day, 1981) and "integrative" (Day, 1981) in their approach. McCollum and Day (1981) reviewed three "quasi-integrative" approaches currently available, all of which sample natural language using discrete point scoring procedures (i.e., The Oral Language Evaluation, The Basic Inventory of Natural Language, and The Bilingual Syntax Measure). They note problems in these measures that are similar to those cited previously.

Recent efforts to develop "integrative" or "pragmatic" tests for children (Day, 1981; Oller, 1979) are mostly derived from tests used with adult second language learners. If these integrative or pragmatic approaches are to be useful, their design must be derived from data-based knowledge of both first and second language learning in bilingual children.

The works of Walters (1979) and Damico, Oller, and Storey (1983) illustrate the value of applying pragmatic criteria to evaluate the language competence of bilingual children. Walters (1979) advocated the value of pragmatic-based strategy for assessing language dominance in bilingual children, while Damico's et al. (1983) work more specifically demonstrated the effectiveness of using these criteria in identifying language disorders in bilinguals. The similarities between the sociocultural factors inherent in bilingual development and the use and maintenance of either or both of two languages as compared to the dialectal variations within monolinguals (Halliday, 1978; Heath, 1983) suggest that the research on pragmatics in native English speakers will serve as an excellent data-base for developing tests of communicative competence in Hispanic LES/NES children.

Based on the work of Charles Morris (1938), pragmatics was defined as the relationship between signs and the interpreters of those signs. This growing field of study has more recently been described by Bates (1976) as a set of rules which govern language use in context. While current researchers in pragmatics agree that contextual factors are critical to deriving meaning from a communicative event, and identify the communicative function or intent as a central component of the communicative process, perspectives for analyzing pragmatic behaviors differ greatly. These various approaches have resulted in a diversity of coding systems or taxonomies for identifying and classifying pragmatic behaviors. Often, similar or near similar terms represent different concepts across different taxonomies, adding confusion rather than insight to our understanding of the communication process. Despite the lack of universally accepted categories of pragmatic analysis, the research does give increasing evidence that a developmental sequence of pragmatic behaviors exists (Bates, 1976; Bloom & Lahey, 1978; Chapman, 1981; Dore, 1975; Rees, 1978; Roth & Spekman, 1984) and which can be linked to the semantic, syntactic, and phonologic acquisition process (Prutting, 1979).

The application of earlier developed taxonomies to natural situations, such as the classroom, is receiving increased attention by speech and language practitioners. This practice serves to increase our knowledge about language use and pragmatic development in children and is helpful in the identification of children's language disorders through the use of assessment procedures based on language functions.

Staab (1983), for example, has modified Tough's 1979 taxonomy, providing a sophisticated system for identifying language functions and their subfunctions. The system can be used with children in classroom-based language activities as a means of assessing language competence. Other practitioners, such as Simon (1984), recognized the need to incorporate measures of both form and function within language assessment procedures. This philosophy is also advocated by those concerned with the assessment of limited English proficient children (Locke, 1981; Miller, 1984; Wagner & Gough, 1975), and is consistent with Kessler's (1984) view of communicative competence described previously.

In the absence of any single standardized tool that is considered totally fair to Hispanic LES/NES students for assessing their functional language abilities (Gavillan-Torres, 1984; Mercer, 1983) professionals such as Compton (1980) and Omark (1981) recommend a multiinformational, multidimensional, pluralistic assessment approach that includes a sample of language across several contexts and dimensions and includes variations of interactors, topics, and situations. Suggested methodologies might include observation, interview, direct testing and diagnostic teaching, and involve both formal and informal procedures. The apparent contribution of parental reports regarding children's language behaviors (Erickson, 1981; Knobloch, Stevens, Malone, Ellison, & Risemberg, 1979) and of utilizing information regarding family attitudes about language use (Miller, 1984) are important components to be included within such a model system of assessment.

As clinicians, we can appreciate and support the theoretical validity of the recommendations noted above. However, other practical considerations come to mind including the large number of LES/NES children who need to be served and the time constraints to perform such service. Language sampling across several contexts and dimensions with various interactors is certainly optimum but not always clinically expedient, especially in school-based programs. Diagnosticians need assessment procedures which can provide sufficient information for writing Individualized Education Programs (IEPs) aimed at the improvement of language form and function.

Recognizing this need, research efforts must be directed towards the development of a structured comprehensive system for assessing language disorders in children whose primary language is not English. Such a system could follow Kessler's (1984) theoretical framework of communicative competence and should provide parallel forms in both L_1 and English. The testing component of the system, divided into two parts, the first to assess form and the second, function, should be based on normative data from LES/NES children of the target population who have had varying amounts of English exposure.

The form of language, or what Kessler (1984) calls grammatical competence, should be measured by assessing the phonology, morphology, syntactic, and lexical features of both L_1 and English and should permit the diagnostician to determine if the LES/NES child is exhibiting a delay, difference, or deviance. Also, in addition to providing a basis for monitoring change in both languages, these procedures could yield much needed information on the "interlanguage effect" of second language exposure.

Sociolinguistic competence, discourse competence, and strategic competence could be assessed by tasks tapping the child's use of language in terms of both communicative intent and conversational abilities. Additional data regarding language use in other settings could be gathered through the use of a questionnaire to parents, teachers, and significant others (Mattes & Omark, 1984; Redlinger, 1977).

The information gathered from this assessment system should yield data that describes a bilingual child's communicative competence—of what the child *means* and not only how he/she says it. Such assessment will help to identify individual strengths and weaknesses in both the child's native and second languages and should provide guidance to decisions on appropriate educational placement and intervention.

Personnel to Conduct Assessment

The process of determining which of the LES/NES children are truly language impaired is a challenging task for professionals trained to assess the communication skills of monolingual, monocultural English-speaking children. Some have received training to assess speakers of Black English but few have the language background and skills to assess monolingual Spanish-speaking or bilingual/bicultural children who have been exposed to both English and Spanish language and culture (Erickson, Anderson, & Fischgrund, 1983). In a self-study survey of certified members of the American Speech-Language-Hearing Association (1982) 77% of those responding indicated a lack of confidence and need for more knowledge and skill to serve these children.

In 1984, the Committee on the Status of Racial Minorities offered a draft of a position statement, "Clinical Management of Communicatively Handicapped Minority Populations," (*Asha*, 1984) suggesting desirable competencies for speech-language pathologists and audiologists providing services for bilingual/bicultural populations. In this statement alternative strategies for use of professional personnel were described as "interim in an effort to address the crisis that presently exists in the delivery of services to minority language populations" (p. 57).

The lack of qualified personnel can be readily realized if one reviews the 1982-83 ASHA Directory of Bilingual Speech-Language Pathologists and Audiologists which lists 897 professionals in the continental United States (who self-reported varying levels of language proficiency) to serve speakers of 34 languages. Spanish-speaking professionals account for 427, the majority in the Southwest serving Mexican-Americans. Very few are of Puerto Rican descent.

Considering the growing numbers of Hispanic children and the scarcity of trained native-speaking speech-language pathologists, it seems reasonable to consider that currently employed English monolingual professionals will be obliged to assume the responsibility of evaluation and therapy of children from linguistic minorities. It seems reasonable also that the provision of such service will require the assistance of trained native-speaking aides (Juarez, 1983; Mattes & Omark, 1984; Toliver-Weddington & Meyerson, 1983). Both the monolingual speech-language pathologist and the native-speaking aide will require formal, indepth training. The monolingual professional's training should be directed towards upgrading their cultural sensitivity and facilitating their familiarity with the growing literature on minority language populations. Native-speaking aides should receive similar training regarding speech and language disorders and diagnostics in order to assist in assessment procedures. It is hoped that this process will allow monolingual professionals to approach the assessment of bilingual/bicultural children with confidence in their clinical skills rather than what appears to be a reluctant attitude due to lack of native-language competencey.

Realistically, speech-language pathologists without previous extensive experience in a child's native language cannot be expected to become bilingual enough to use that native language in testing. We can expect that they will become cognizant and empathetic to the life styles and cultures of the children they serve.

Therapy

Therapy for non-native speakers, whether they are LES/NES, should be directed only to those who are language-disordered and not to those who are language-different. For those who are language different and who, at the present time, occupy many places on speech-language pathologists' caseloads, the approach must be one of allowing the child's new language to grow in environments that are joyous experiences—(i.e., trips to picnics, to the zoo, to the supermarket, or reciprocal visits to all-English speaking families). During these pleasant, nonthreatening situations the child should be encouraged to speak English, without correction. Formal classroom experiences can then consist of the child talking and writing about these experiences. Teacher corrections can then take the form of positive conversational turn-taking, the kind of interchange that occurs between a listener and a young child developing language, with no comment about the incorrect syntax. For example, the child says: "I go to the zoo." And the teacher responds, "Wasn't it fun. I went to the zoo, also." In this way the teacher is reinforcing the positive aspects of the use of language in conversation. Lindfors (1980), in Children's Language and Learning, offered many good examples to facilitate this natural approach.

In general, the child who feels good and positive about himself/herself will learn more successfully. How can the non-native speaking child possibly listen for correct syntactic structures and new vocabulary when the child fears making a mistake or being made to look foolish? Listening takes energy, the kind of energy we have when we feel whole and good about ourselves.

For the language-disordered non-native speaking child, just as with the monolingual child, direct one-to-one therapy is advised. Research indicates that language therapy should be conducted in the child's native language to the point that he or she becomes a competent communicator in that language (Miller & Abudarham, 1984). Only then can the second language of English be introduced. Once again, the monolingual English-speaking professional will need the help and support of native-speaking colleagues.

The issues before the profession regarding the provision of services to non-native speakers are serious. We must direct our research efforts to developing comprehensive systems for assessing speech-language ability of children from linguistic minorities. Furthermore, we can no longer rely solely on recruitment and training of minority students to provide sufficient numbers of competent professionals to serve the growing number of non-English proficient and limited-English proficient speakers in the United States. An alternative strategy is for monolingual English speaking ASHA professionals to form creative partnerships with bilingual/bicultural support personnel trained in the assessment and remediation of communication disorders. "Time is running away and these children are suffering unnecessarily. We must start right now!" (Gavillan-Torres, 1984, p. 148).

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Chapter 9

ASSESSMENT INSTRUMENTS FOR MINORITIES

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Recently, a great deal of research and interest has been directed toward the topic of assessing the communication skills of minority populations, particularly the Hispanic and Black populations. Within the last few years several extensive reports have been written which look at the problem of nonbiased assessment of minority children and review testing procedures as well as some of the published assessment instruments. Reviews of tests and procedures can be found in many texts (Buros, 1978, Dulay, Burt, & McKeon, 1980, Erickson & Omark, 1981, Gelatt & Anderson, 1983, Terrell & Terrell, 1983, Wartella & Williams, 1082). For the most part, these authors and others indicated that nonbiased assessment of the language patterns of different minority populations requires more than the administration of a battery of standardized tests. Rather, it requires careful observation of the individual's native language or dialect and should include an analysis of semantics and pragmatics as well as structure or syntax. Only after careful analysis of these parameters can any decisions be reached about differences versus disorders and whether or not the individual being evaluated needs language therapy or some other kind of assistance. This kind of thorough analysis usually requires a great deal of time be spent with each individual listening and analyzing his/her speech in a variety of conversational contexts. Many speech-language pathologists in clinical or school positions do not have the option of spending unlimited amounts of time with each child that must be assessed. Usually, the clinician is dependent on quick, easily administered standardized tests to tell us something useful about this child's language functioning so that we can make a recommendation regarding appropriate classroom placement and the need for speech or language therapy.

During the last 10 years an increasing number of tests have been published which purport to provide an accurate assessment of the speech and language skills of those who speak some language other than standard American English. According to the ***Resource Guide to Multicultural Tests and Materials*** compiled by Cole and Snope (1981), a few tests have been published for speakers of Chinese but most of the published tests are either Spanish translations of English tests or new tests specifically designed to assess the language skills of Spanish-speaking individuals. This fact should come as no surprise since the largest number of nonEnglish-speaking or limited English-speaking individuals residing in the United States belong to the various cultural groups which speak Spanish.

The purpose of this paper is to provide a review of what is currently available in the way of assessment instruments for minorities. Specifically, this presentation will focus on tests used for Spanish speakers since the author is most familiar with those. A variety of published Spanish instruments will be reviewed in terms of what the tests are trying to measure and how well they seem to be meeting their stated purposes.

REVIEW OF TESTS

Tests of Language Dominance

One of the first tests usually given to any bilingual child is a language dominance test. These tests attempt to determine which language is the child's primary language by evaluating proficiency in English and in the native language. This knowledge is then used to provide for assessment in the primary language and thus ascertain the appropriate classroom placement and diagnosis of any communicative disorder.

One of the best known of these types of tests is the *James Language Dominance Test* (JLDT) (James, 1975) which was developed around Austin, Texas for use with Mexican-American children. It assesses both production and comprehension of English and Spanish vocabulary in order to determine which is the dominant language of the child. By comparing performance in production and comprehension a child is placed in one of five categories ranging from Spanish dominant to English dominant. The test has undergone several revisions since it was originally published which has clouded the validity data. Mattluck and Mace-Mattluck (1976) questioned the reliability and validity of the test since it appears as though all the children in the standardization sample have not been tested with the same version of the JLDT. Other reviewers (Day, McCollum, Cieslak, & Erickson, 1981) noted that on the positive side the JLDT is easy to administer and it attempts to compensate to some degree for phonological and dialectal variations. However, they also stated that the size and sampling of the language items and the poor standarization sample affect the usefulness of this test with any population.

Another test of language dominance is the Shutt Primary Language Indicator Test (SPLIT), Spanish/English (Shutt, 1974). The author reported that the test items were developed from familiar concepts within the Spanish culture and that care was taken to ensure that the items measure language proficiency not intellectual knowledge. The test consists of a stimulus picture and a plate with four more pictures, one of which relates to the concept being expressed by the stimulus picture. These sets of pictures are used in various arrangements to test oral comprehension in Spanish and English and verbal fluency in Spanish and English. There are also reading comprehension and grammar subtests in English and Spanish for children in the third grade and above. This reviewer found some of the black and white line drawings confusing as to the concept that was supposedly being tested. This may be due to an attempt to integrate the culture and language of Cuban, Puerto Rican, and Mexican-American groups. Gonzales (1976) noted that several of the pictures reflected a strong Cuban or Puerto Rican influence but none showed a strong Mexican-American influence.

The Spanish/English Language Performance Screening (S/ELPS) (Evans, 1976) is an individually administered test of language dominance for the child from 3 to 6 years of age. It contains two parallel parts, one in English and one in Spanish, and provides samples of five types of oral language activities: answering questions, naming objects, describing objects, describing pictures, and following commands. Screening with the S/ELPS reportedly takes about 15 min and results in assigning the child to one of five categories of language dominance. Travelle (1976) recommended it as a simple to administer, easy to score test for determining language dominance but reiterated that it should not be considered a measure of language proficiency.

The Crane Oral Dominance Test (CODT) (Crane, (1976) is designed for use with 4- to 6-year-olds and attempts to establish language dominance by having a child repeat sets of four words—two in Spanish and two in English. The assumption is that dominance is demonstrated if the child remembers and reproduces a significantly greater number of words in one language over the other language. This appears to be an interesting and different idea in dominance testing. The idea that memory for unrelated words is a true measure of dominance is open to question, especially when we consider that lexical items are learned in different sociolinguistic contexts. Woodford (1977) noted that the test makes no attempt to deal with code switching and that further evaluation of the test with groups that are definitely dominant in one language needs to be performed before the CODT test can be recognized as a valid measure of language dominance.

There are many problems inherent in dominance testing and these need to be considered when we are attempting to determine which language is the child's primary language. For one thing dominance involves a number of different parameters including vocabulary, pronunciation, syntactic proficiency, and functional use. Without in-depth evaluation and observation we cannot always be sure that dominance in one parameter of a language means that the child is equally dominant in other parameters of that language. Therefore, we need to consider what aspect of language a dominance test is evaluating and whether that is the aspect that is important for our diagnostic purposes. In their article on this subject, Burt, Dulay, and Hernandez-Chavez (1978) set out some guidelines for evaluating oral language dominance tests, including making sure that the test measures parallel aspects of the two languages, that it takes the child's cultural experiences and customs into account and that it does not violate conventions of natural discourse.

Articulation Tests

The tests of Spanish phonological development which seem to be the most frequently mentioned are the Austin Spanish Articulation Test (Carrow-Woolfolk, 1974) and the Southwestern Spanish Articulation Test (Toronto, 1977), which were normed in Texas, as well as La Meda: Medida Española de Articulactión (Mason, Smith, & Henshaw, 1976), which was developed in California. All three tests require the examiner to be a fluent Spanish speaker with specific knowledge regarding Spanish phonology. As expected, the normative population for each test limits the generalization of that test to other groups and locations. It is noted in the Bilingual Language Learning System (BLLS) Manual (Juárez, Hendrickson, & Anderson, 1983) that none of the tests assess articulation in conversational speech, allow for substitution of labels or use current procedures to analyze phonological development. Further work must be done to develop a valid test of Spanish articulation skills, that is relevant to all Spanish language dialects.

Screening Tests

There are many commercially available tests which are labeled screening tests and which purportedly provide a quick and easy check of a child's speech and language skills. Some of them evaluate articulation along with other aspects of language development, while others do not. Although there are an increasing number of Spanish screening tests on the market, only a few of the more well-known tests are reviewed in this section.

The newest screening test available is a Spanish adaptation of the Compton Speech and Language Screening Evaluation (Compton & Kline, 1983). It is not a direct translation but it closely parallels the English version. The Spanish Compton test, like the original English version, contains items that measure articulation, expressive vocabulary, color and shape recognition, auditory-visual memory, language comprehension, and language production. The screening requires that the examiner obtain a spontaneous language sample and judge a child's fluency and voice quality based on that sample. The structure and function of the oral mechanism is also evaluated. The test can reportedly be administered in 6 to 10 min and it is one of the tests that can be administered by a trained bilingual aide. A recent review by Hernandez (1984) reported the Compton test to be an excellent screening instrument which maintained the interest of the 3- to 6-year-olds being tested by the use of objects rather than pictures. He also noted that because it can be given by a bilingual aide and because the manual is in English, the Compton can be used by speech-language pathologists who are not fluent Spanish speakers. However, it should be noted that because the Spanish version parallels the English version the age guidelines are based on recognized English language developmental norms rather than Spanish norms and the pass/fail criteria is only based on past administration of the test. There has been no comparison with other screening or language tests.

The Del Rio Language Screening Test, developed by Toronto, Leverman, Hanna, Rosenweig, and Maldonado (1973) screens language skills in terms of receptive vocabulary, sentence repetition (length and complexity), memory for commands, and story comprehension. It is self-contained in a spiral manual and has an easy, one-point scoring system. Advantages other than ease of administration and scoring include a specified cut-off score for deviant performance and some flexibility of use among the five separate subtests. It can also be used to determine language dominance by administering both the English and Spanish version and comparing the results. Juárez et al. (1983) as well as Dulay, Burt, and McKeon (1980) noted that although the test norms appear culturally and linguistically appropriate for Mexican-American children in the Del Rio area the sample size was too small, too geographically restricted and too limited in its generalization to other populations of Spanish-speaking children.

Los Niños, A Screening Test of Communicative Disorders, English/Spanish (Crosland-Real, 1978) was developed for use in the Los Angeles County school system and is used extensively in California. This test measures receptive and expressive vocabulary, memory and sequencing and association and comprehension, in parallel translations of English and Spanish. Dulay et al. (1980, p. 139) stated that "the lack of demographic data on the standardization population severely limits the usefulness of the technical data." Nonetheless they regard it as a useful screening test when it is in the hands of a skilled speech-language pathologist who can carefully interpret the results.

The Screening Test of Spanish Grammar (Toronto, 1973) is modeled after the Northwestern Syntax Screening Test (Lee, 1971) and consists of a receptive and expressive portion, each of which tests the same syntactic components. The normative population included both Mexican-American and Puerto Rican children from the Chicago area. This, of course, limits generalization of the test norms to other Spanish language cultural groups such as Cubans and South Americans. Test advantages noted in the BLLS critique (Juárez et al., 1983) included allowance for local dialect, substitution of English nouns for Spanish nouns (if the target structure is not affected), and a specific cut-off score for deviant performance. Dulay et al. (1980) questioned the correlation of this test with the Developmental Assessment of Spanish Grammar (Toronto, 1976) as a way of providing test validity but regarded this test as a useful screening device.

The Hannah-Gardner Test of Verbal and Nonverbal Language Functioning, Spanish/English (Hannah & Gardner, 1978) was designed as a screening test to identify preschool children with language deficits. The two versions of the test were standardized and normed separately. The Spanish version was validated against the Test for Auditory Comprehension of Language (Carrow, 1973) and the Screening Test of Spanish Grammar (Toronto, 1973). The test manual reports Spearman Rank Order Coefficients significant at the .05 and .01 level respectively. This shows some degree of correlation with the two tests noted, but since the validity of those tests have been called into question, it does not prove that the Hannah-Gardner is measuring what it purports to measure. The standardization sample was obtained from the Los Angeles area and the authors suggest field testing small groups for local norms in other area. The Hannah-Gardner is well-packaged and easy to administer with a variety of tasks and materials which help to keep a child's interest. Its major disadvantage is that it takes 25 to 35 min to administer and that is too long for a screening instrument. The BLLS critique (Juárez et al., 1983) listed other disadvantages such as no examples of the tasks, inappropriate items for Hispanic populations and some awkward syntactical structures. However, despite its length and the disadvantages described, it still appears to be a popular and widely used test.

Tests of Receptive Language

Spanish translations of two English tests, the Boehm Test of Basic Concepts (Boehm, 1973) and the Assessment of Children's Language Comprehension (Foster, Glidden, & Stark, 1978) have received universally poor reviews (Day et al., 1981, Dulay et al., 1980, & Juárez et al., 1983). The primary complaint is that the Spanish versions of both tests do not consider structural or cultural differences in language and were not adequately validated on Spanish-speaking children. Their usefulness as assessment instruments is highly questionable.

Similar problems occur with the Test for Auditory Comprehension of Language (TACL) (Carrow, 1973), which was originally developed to measure children's comprehension of language structure in English and later added a Spanish version. A very small and localized standardization sample was used for the Spanish version (Caravajal, 1977) and this leads to questions concerning the TACL's validity and reliability. No norms are reported for the Spanish version although there are extensive English language norms. It has also been noted by several reviewers that the Spanish version utilizes only the Mexican form of Spanish, that it has translation errors, and loss of foils due to translation (Day et al., 1981, Dulay et al., 1980).

Dos Amigos Verbal Language Scales (Critchlow, 1973) uses the understanding and recall of opposites to determine developmental levels in Spanish and English and language dominance in bilingual children from 5 to 13 years. Each version of the test has words listed in ascending order of difficulty, though not necessarily in the same order. Alternative responses are allowed for a few items in both languages, but one of Teschner's (1977) criticisms was that not enough alternate responses are accepted. The fact that the test was developed and normed in Texas also restricts the alternate responses that might be generated by children in other Spanish language groups. Both Teschner (1977) and Day et al. (1981) point out that this could lead to misclassification of a child, which would affect proper classroom placement.

Like other vocabulary tests, the Toronto Tests of Receptive Vocabulary, Spanish/English (Toronto, 1977) requires a child to identify orally presented English or Spanish words by pointing to an appropriate picture. Both the pictures and the vocabulary items are different in each version. As usual the normative data limit the use of this test with other groups.

However, Dulay et al. (1980) reported that the item selection appears to be representative of vocabulary items appropriate to California as well as to Texas. Criticisms leveled at the test include inadequate reliability data (Dulay et al., 1980) and poor, difficult to decipher line drawings (Dulay et al., 1980; Juárez et al., 1983).

Expressive Language Tests

A number of discrete point and language sampling tests have been developed to assess expressive language, generally in terms of morphology and syntax. McCollum and Day (1981) reviewed three tests that use discrete point scoring obtained by spontaneous language sampling. The tests they discussed are the Oral Language Evaluation (OLE) (Silvaroli & Saynes, 1972), the Basic Inventory of Natural Language (BINL) (Herbert, 1977) and the Bilingual Syntax Measure (BSM) (Burt, Dulay, & Hernandez-Chavez, 1976). All three tests utilize pictures to elicit spontaneous language, individually (the OLE and BSM), and in small group sessions that are taped and then analyzed (the BINL). The BINL provides sample norms for Spanish and English but also has data available for other languages. McCollum and Day (1981) suggested that the discrete point scoring system of the three tests seems to defeat the purpose of collecting language samples since the scoring accepts only certain grammatical responses. No validity figures are reported for any of the tests although the BSM reports low reliability figures. Oller (1976) stated that the Bilingual Syntax Measure, although thoroughly planned and researched, is narrowly aimed at syntax and does not take the functional uses of language into account. By focusing in on syntax alone the test does not meet its stated purpose of measuring structural proficiency (Oller, 1976).

Another test which utilizes discrete point scoring on a spontaneous language sample is the Developmental Assessment of Spanish Grammar by Toronto (1976). Utilization of the test requires special training since it was modeled after Laura Lee's Developmental Sentence Scoring procedure (Lee & Canter, 1971) and the examiner must not only speak Spanish fluently but must also have a strong background and understanding of Spanish grammar. As reviewed in the BLLS Manual (Juárez et al., 1983) the test's major advantage is the provision for indepth analysis of Spanish syntax. Disadvantages listed included a small and localized standardization sample (all from the Chicgao area), the difficulty and time required to score the test and the indepth understanding of Spanish grammar required of the examiner. Juárez et al. (1983) commented that many important grammatical features of Spanish were omitted and a true picture of Spanish grammatical development was not obtained because the scoring included only six grammatical categories: indefinite pronouns and noun modifiers, personal pronouns, main verbs, secondary verbs, conjunctions, and interrogative words.

The Expressive One-Word Picture Vocabulary Test (EOWPVT) (Gardner, 1980) is a relatively new test that was designed to provide a quick measure of expressive verbal intelligence. It uses line drawings to elicit labels and can be administered by a variety of different professionals. Gardner stated in the manual that the test can provide valuable information about speech defects, learning disorders, a bilingual child's fluency in English, auditory processing and auditory-visual association ability. No detailed explanation of how this information is gathered from one-word responses is provided. The Spanish version is a direct translation of the English version and as such assumes that vocabulary acquisition and semantic development is the same for two different languages. It does not take into account the fact that sociolinguistic factors and variations in experiences affect a child's development of language, especially the development of a second language. Additionally the test was normed only on English-speaking children and criterion related validity was obtained through correlation with the Peabody Picture Vocabulary Test (Dunn, 1965) and the Columbia Mental Maturity Scale (Burgemeister, Blum, & Lorge, 1954). This further calls the validity into question since the PPVT is a test of receptive not expressive vocabulary and the Columbia is a measurement of nonverbal IQ. Although Gardner provided as many as five alternate responses for some of the test items, the usefulness of this test is questionable until better validity is obtained and further studies are performed on the responses to the test by children from different Spanish cultural groups.

General Tests of Language Development

Several tests which attempt to provide a more general overview of language development have been translated or adapted into Spanish. Two of these tests will be discussed in this section as well as one test which was developed solely for Spanish-speakers.

The Woodcock Language Proficiency Battery—Spanish Form (Woodcock, 1984), and the Prueba Del Desarrollo Inicial Del Lenguaje (PDIL) (Hreska, Reid, & Hammill, 1982) are both versions of previously published English tests. The PDIL is the Spanish translation of the Test of Early Language Development (Hreska, Reid, & Hammill, 1980). Both it, and the Woodcock use manuals which are written completely in Spanish and have developed separate norms for the Spanish versions of these tests. Both tests are well-packaged and are easy to administer and score. Hernandez and Aviliano (1984) in their review of the PDIL noted that some flexibility in the instructions and in the acceptability of responses was encouraged by the test authors. This type of flexibility should help to make the PDIL more applicable to different Hispanic populations. They also felt that a major advantage of the test was its requirement that the child give opinions and make judgments which elicited good samples of expressive language. However, they pointed out that since younger children may not respond as well to these types of items, the usefulness of the PDIL with preschool children may be affected. Norms for the PDIL are given on three separate groups of Spanish speakers (those from Mexico, Puerto Rico, and the United States) and there is a table of the combined norms. The Woodcock, on the other hand, obtained general Spanish norms from five different Spanish-speaking countries and also provides equated U.S. norms. However, since information on subjects used in the standardization process is sketchy, interpretation based on these norms is somewhat risky.

Mares (1980) developed the Preubas de Expresíon Oral y Percepcíon de la Lengua Española (PEOPLE) to allow for a differentiation of a language difference and a language deficit for nonEnglish proficient or limited English proficient Hispanic students 6- to 10-years of age. The test, which is still in the experimental stage, consists of five subtests: auditory sequential memory, auditory association, story comprehension, sentence repetition, and encoding. The test items appear appropriate for older children but since no reliability or validity studies have yet been reported the test results must be carefully interpreted.

DISCUSSION

It seems apparent from the review of tests that there are problems inherent to every test described. Perhaps the biggest problem with all the published tests is in generalizing the test norms to populations other than those on which they were standardized. The different cultural groups that make up the Spanish-speaking population in the United States are diverse: They exhibit their diversity in surface structure of language—phonology, morphology, and especially in their lexicon. Speakers of Black or regional dialects show the same kind of diversity in their use of English and thus encounter similar problems with tests based on the use of standard American English. For those of us who work with minority populations and have responsibility for assessment of these groups, the problem is a serious one. How do we achieve nonbiased and accurate assessment of their speech and language skills?

There are several factors to consider when we use published assessment instruments. The following questions should be asked before a test is selected:

1. Is reliability data given? Have the test results been shown to be repeatable among the normative population?
2. Is the validity of the test substantiated? Does the test measure what it purports to measure? What tests have been used to validate this instrument? Are those tests considered to be valid instruments themselves?
3. If this is a Spanish version of an English test, is it a direct translation of that test or is it an adaptation? Since direct translations usually do not take linguistic or developmental differences into account, generally they are not as valid instruments as one that was developed and normed for a Spanish-speaking population.
4. On what population was the test normed? Does the child who is being assessed belong to that group? If not, does the vocabulary seem appropriate to the child's cultural group? Are the pictures and the concepts expressed appropriate to the group? In essence, the issue is whether or not the test norms are appropriate to the child being assessed.
5. Are dialect variations taken into account in the administration and scoring of the test? Have variations been built into the test or does the examiner have leeway to accept dialectal variations that are appropriate to this child's cultural group? If changes are made, do these invalidate the normative data and does that make a difference in the examiner's use of the test?

By asking these questions the speech-language pathologist can determine if certain assessment instruments provide the kind of information needed on the child to be tested and thus, whether or not that test should be used cautiously or not at all.

In interpreting the results of the testing, there are other factors that need to be considered carefully. If the child being tested does not fit into the standardization group, the individual test items should be examined to see if there is any cultural bias. The speech-language pathologist should look for patterns in a child's missed responses as these may also provide a clue to cultural bias. Furthermore, the speech-language pathologist should interpret test scores in terms of observations and information available on the child's cultural heritage. This is the primary reason why an examiner from the child's own ethnic group and cultural background can often provide more reliable testing than someone from outside that background.

Another possible solution to providing more accurate assessment is to develop local norms for published tests. Wiener et al. (1978) translated the PPVT (Dunn, 1965) into the Spanish dialect of New York City's Puerto Rican population and Ickes and Brown (1976) translated a portion of the same test into a Spanish dialect appropriate to their Texas location.

Speech-language pathologists should also develop more information about the communicative behaviors of minority populations by testing the development of different linguistic skills among this population. Talamantes (1981) looked at the development of Spanish articulation production among preschool children, while Paynter, Kennedy, and Green (1983) examined the development of English consonants among Mexican-American children. Both of these studies and others like them could provide the basis for better knowledge and better testing of Spanish-speaking children.

SUMMARY

The development of an increasing number of assessment instruments for Spanish-speaking children has still not solved the problem of accurate, nonbiased assessment of this minority population. A number of Spanish speech/language tests were reviewed in this paper and most were found to be lacking in some aspect. It seems clear that the results of formalized assessment instruments must be supplanted with informal observations and our knowledge of linguistic diversity based on culture and geography. Accurate nonbiased assessment can be accomplished if we realize that it depends on more than just administering a standardized test.

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Chapter 10

ALTERNATIVE STRATEGIES FOR THE TEACHING OF LANGUAGE TO MINORITY INDIVIDUALS

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As a Black child, growing up in southwest Detroit, it was quite unexceptional to be seen by the speech teacher. For, in the early 1950s most of my Black peer group shared this learning experience. What we had in common was that our speech patterns were different from the expectations of the school establishment, which of course was standard English. Uninformed were teachers about social and cultural differences, and the implications of Black English were not considered. School officials and teachers merely knew that we spoke what they viewed as unacceptable English. Difference and deficit were, for all practical purposes, synonomous. Absent were sociolinguistic jargon and ideology that was to follow in the 1960s. Life seemed simpler then, and standards were more clearly defined.

How are things different today? An experience I had just a few years ago might shed some light on this question. While doing research at an elementary school in Springfield, Massachusetts, I attempted to explain to a White principal of a racially mixed elementary school the concept of Black English. And, when all explanation failed, I proceeded to demonstrate its existence within his school. I asked the principal to randomly select three or four Black children from the hallway outside his office and ask them, while pointing to his *mouth*, "*What am I pointing to?*" Each child promptly responded *mouf*, to the utter surprise of the principal. He could not understand why so many children were substituting /f/ for /θ/ in the final position of the word *mouth*. Recognizing the existence of Black English, the principal then provided assurance that these children immediately would be assigned to the speech-language pathologist.

Unlike my childhood, this experience shows that at least there is no institutionalized policy that Black children automatically need to be seen by the speech-language pathologist. However, a gross ignorance about the language status of Black children still prevails. And, I suspect this is true of other minority children of socially and culturally diverse backgrounds as well. In the 60s minority children were recognized as different from mainstream children, and this difference was considered a deficiency, labels such as culturally deprived, culturally disadvantaged, and underprivileged were commonly heard. Now we are less likely to use such expressions and we give lip service to the acceptance of cultural differences among us, but our actions often belie our assertions.

Of course, now the issues surrounding the education of minority children are far more complex than 20 years ago. Also, there is no question that educators are more aware about issues of cultural diversity, as evidenced by greater bilingual and multicultural educational opportunities. There is the enlightened view among many educators that minority children should be taught within a bicultural and bilingual context. Black children should be allowed to speak Black English patterns while learning Standard English skills as a second dialect. Spanish and other minority children of nonEnglish backgrounds should be taught English within a bilingual milieu. And, in the case of the special needs minority child, there are efforts to obtain indigenously based normative data for the development of standardized tests so that pathological conditions may be assessed and treated more effectively and validly.

The essential idea behind these efforts is to educate minority children, while respecting and preserving their cultural values and behaviors. As a result, a more conducive and effective learning environment presumably would prevail. However, in order for widespread implementation of bicultural education to exist, educators must be committed to the notion that no one culture, language, or even dialect is better than another.

Unfortunately, this point of view is not widespread enough, and is met with resistance. Currently, in this country there is a conservative shift in attitude, a greater patriotic fervor, and a back to basics mentality. Moreover, there is growing hostility and resentment about limited resources being devoted to nurturing diversity. It is not uncommon to hear comments such as "Why should they receive special treatment, we didn't when we came here," and "Cut the nonsense about the legitimacy of Black English," and that "We get on with the business of educating minority children to speak, write, and read standard English." Does this remind you of my Detroit experience of years ago?

To dispel any illusions you might have about the effectiveness of the Detroit approach, I believe very strongly that it had little to do with my ability and willingness to speak before you in what surely must be impeccable standard English. For the greater evidence of the failure of such an approach would have been, and is today, the many who are not speaking or writing in standard English.

Although it is a hackneyed statement, the understanding and belief in the legitimacy of differences among cultures, languages, and dialects is absolutely fundamental to effective education and clinical treatment of all children in our society. We must recognize and accept this premise if we are to resolve one of the most important educational problems facing this country. I shall elaborate on this thesis as I discuss the primary topic of this paper (i.e., strategies for treating language disorders).

In recent years, the major issues in the treatment of language disorders among minority children have centered around cultural and language differences. To a great extent these differences have been shaped and defined by a perspective that is largely mainstream America's. A perspective that assigns minority status to those who are not of the majority, labels as deficient the speech styles of minorities who do not speak standard English, and assigns to classes for the handicapped inordinately large numbers of minority children whose test performances indicate that they are handicapped.

Thus, minorities have been viewed through a lens that is not their own—one that projects a distorted and incomplete view. Insidious appellations such as cultural deprivation imply second-class citizenship and a substandardness. There is this imbalance in perspective that denies opportunity for mutual respect and equality. As a result, differences among groups loom larger in importance than they should, preventing what I view to be more important to the effective treatment of language disorders in children—that is, the similarities among us.

Our attention to identifying and legitimizing social, cultural, and language differences has been and remains necessary. Yet, at the same time, we must assess to what extent these differences really make a difference in identifying and treating language pathology. In attempting to answer this question, it may be useful to consider briefly the issue of difference in terms of behaviors other than language. If we were to list the behaviors that are common among cultural and ethnic groups and those that differ, a couple of facts would be evident. First, the list of similarities would be far greater than the list of differences. Second, the list of similarities would include most if not all of the behavioral characteristics essential to human functioning, while differences, by comparison, would seem rather superficial.

Do not misunderstand me. I do not wish to imply that differences among groups are unimportant. But in the context of clinical issues, I think their relevancy has been overstated in certain aspects of the clinical process and understated in others. There is little doubt in my mind that the differences that exist among cultural groups are important to the gathering and interpretation of diagnostic data, and to the context in which implementation of language intervention goals takes place, but less so in the identification and description of language problems.

To expand on this contention, let us return to the list of similarities and differences among groups and focus solely on aspects of language. When talking about similarities among languages I am referring to *universals*. It is what Swahili, French, Spanish, English and other languages have in common. It is what children of the world have in common when they learn their respective languages. According to child language acquisition theorists, children in learning the many languages of the world share the experience of learning rules—a grammar (Chomsky, 1965) which dictates what I shall simply refer to as the *what*, *where*, and *why* of language.

The *what* is the structure of language-sound system (phonology), lexicon (morphology) and word order (syntax). The *where* is the linguistic and nonlinguistic contexts in which language takes place (in linguistic jargon we know this to be the context aspect of pragmatics). The *why* is the functional reason for using language—the interpersonal (pragmatics) and intrapersonal (mathetics) functions of language (Bates, 1976; Halliday, 1977).

Each of these—*what*, *where*, and *why*, may be thought of as a universal. In a sense they account for the very nature and reasons for the existence of language. All languages must have a structure. While this structure differs among languages the essential components do not, that is, a sound system, a lexicon and an order for using that lexicon. Language is used in a context that is both linguistic and nonlinguistic (the *where* of language). The linguistic context in which language takes place is determined by the nature and dynamics of the nonlinguistic social and physical context surrounding the speaker/listener interaction.

The *why* of language is perhaps the most important of all. It may be thought of as the motivation for using language—the intent behind language use. We use language because we are social beings. We must engage in cooperative endeavors. We must influence others so that our needs are fulfilled. We must at times manipulate and control those around us. Through language these functions become possible.

If one accepts the argument that what I have just discussed are universals of language, then one must recognize that children learning language must induce rules that allow them to produce the structure of language, in the appropriated contexts and for the appropriate functional reasons. Children must learn the complex relationship between structure and function of language so that they can communicate their intentions. When they have learned to do this, they may be thought of as having acquired competence as a language user.

This word, competence, is critically important to this discussion; in the context of language, it is often associated with an equally important term, *performance*. *Competence* refers to the knowledge a speaker has that makes him a speaker of a language (Chomsky, 1965), whereas, performance is a reflection of that knowledge. But the two are not necessarily isomorphic, that is, performance does not always mirror competence. What we do, in a performance sense, is not always a reflection of what we really are capable of doing or what we actually know. A Spanish-speaking child is competent in Spanish even though he may be unintelligible in the use of English. The very familiar "Archie Bunker" types of the world are competent language users even though they often stumble in the use of their native language. We pause and stammer, have recall and retrieval problems, mumble at times unclearly, but are nevertheless competent as language users. Indeed, sometimes our performance is a poor indicator of what we know.

Moreover, differences we observe among cultural groups may also be viewed as performance differences rather than competence differences. The Black child of a Black English background who deletes the /s/ plural marker certainly differs from the White child of a standard English background who uses this form. But are they really different in their competence as language users, or is there merely a performance difference? If both children are in fact competent language users, they will both know the concept of quantity even though they use different forms to express that concept. The most cursory observation of Black English-speaking children who delete the plural marking reveals their use of quantity pronouns such as *they*, *we*, and quantity descriptors such as *two*, *five*, *more*, and so on. The point here is that the difference between these two children is one of performance as opposed to competence.

Hence, it is my opinion that much of what we focus on when concerned about language adequacy among minority children are factors of performance that may not reflect competence. The many differences we observe are performance differences dictated by social and cultural parameters. And, these differences may be inconsequential to the major clinical decisions regarding identification and determination of the nature of a language disorder.

Whether a child has a problem and the nature of that child's problem will be indicated in *what* is said, *where* it is said, and *why* it is said. How the child performs in these areas identifies the child as having a problem, and an indepth analysis of this performance determines the nature of the problem. Note, I now emphasize the word performance, even though I have argued for the preeminence of competence in identifying and describing a child's language problem. Well, unfortunately our only insight into a child's competence is through his performance. What a child does allows us to infer about what he knows. That is all we can do. We cannot get into the child's mind and directly observe his level of knowledge. Thus, we hypothesize about his competence based on his performance.

Because we are drawing inferences about the child's competence via performance, it is critically important that we observe and record the right data, which brings me back to the issue of difference. For too long, I think, our attention has been inordinately focused on form of language: whether or not a nonstandard English-speaking child deletes a morpheme, substitutes a phoneme, or fails to have subject-verb agreement. While perhaps important in an educational sense, these differences may be least important to the clinical questions we are attempting to answer, that is, does the child have a language problem and what is the nature of that problem. In order to answer these questions we must not only observe the form of *what* is said, but also *where* and *why* it is said, and in an interactional manner.

Language is social and dynamic. A competent language learner is able to generate language in response to his intentions within a social context. It is an ever-changing and dynamic interaction. Our attempts to assess language in nonsocial, nondynamic ways often yield invalid results. Clearly, many of the standardized tests fail in this regard because they are neither social or dynamic, requiring little in the way of spontaneous language generation. So, with such testing one must ask if performance is being assessed or is competence? Or, more importantly, does the performance being observed validly reflect underlying competence?

A major challenge for clinicians in evaluating a child's performance so that inferences may be made about competence is to properly interpret and account for variance in behavior. Aside from idiosyncratic behaviors, three sources of variance in our country should be of concern to clinicians: (a) cultural, (b) educational, and (c) pathological. Cultural variance occurs simply as a result of differences in cultural backgrounds and appears in variations in language and dialect. Educational variance results from differences in educational achievement which affects children's language functioning, at least stylistically.

The third source of variance—pathology is the one of most concern to the clinician. However, it must be understood that the reason a child has a language problem is not because of factors of cultural variance such as dialect differences, or because the child is learning a second language. Nor is the child language-disordered because of lack of education. These are not the culprits behind language disorders. Language disorders are caused by central nervous system deficits, cognitive-intellectual deficits, psycho-emotional deficits, and sensory deficits. These deficits cause language-learning problems in children. Otherwise, the language-learning process is a relatively effortless one. The child learns the language or languages to which he is exposed, regardless of culture and education.

Despite the apparent lack of a cause and effect relationship among culture, education, and pathological language, both cultural and educational variables nevertheless impact on the clinical process. Their importance is in the complication that arises out of their interaction. Because of the variety of cultural groups in our country and the poor educational skills among so many minority children, it is difficult for educators to always distinguish language behavior that is within normal limits from that which is abnormal. And, this problem is exacerbated by (a) the fact that the educator and the child are often of different cultural backgrounds; and (b) by the absence of normative data on minority children.

The lack of normative data on specific cultural groups is often cited as the reason for the difficulty in identifying and describing language pathology. The use of normative data is typically the reference against which children are assessed. And thus, in the absence of such data there is an inability to function effectively on the part of many clinicians and special educators. While this issue certainly contributes to the problem, it may not be the most important.

I wish to suggest an alternative to a dependency on developmental profiles in language assessment of minority children. I do so not out of frustration over the lack of such data, but because I believe that there is a better way. My alternative approach is based on principles that reflect many of the ideas regarding the normal functioning of language that have been expressed thus far in this manuscript regarding the normal functioning of language.

I regard six principles to be of major importance in devising language intervention strategies for minority children. These principles are that strategies should represent language models that are (a) multidimensional; (b) interactive; (c) generative, (d) child-centered, (e) diagnostic, and (f) bicultural/bidialectal. I shall briefly discuss each of these principles relative to intervention.

Multidimensional Model

The use of language is simultaneously structural, psychological, and sociological. These multiple dimensions pertain to the *what, where*, and *why* of language discussed earlier. Thus, it is important for the speech-language pathologist to approach speech and language problems in a multidimensional way. This direction is advocated by, among others, Muma (1978) in his linguistic-cognitive-communicative approach, and by Bloom and Lahey (1978) in their three-dimensional view of language, comprising form-content-use. Such approaches can reveal much about a child's language function by examining whether a child understands the underlying meanings (content) of linguistic features (form) and displays this understanding in appropriate contexts (use).

Interactive Model

The concepts of *form, content*, and *use*, as major dimensions of language are interdependent and interactive. In meaningful speech, these dimensions function simultaneously. Phonemes, morphemes, and syntax (form of language) are meaningless without conceptual ideas (content of language); and both form and content are without purpose in the absence of communicative intent (use of language). Thus, because of the multidimensional and interactive nature of language, clinicians should strive to conduct language assessment and intervention within a context that is conducive for the natural interaction among these language dimensions.

Generative Model

Human beings have the capacity to generate language spontaneously, creatively, and with infinite variety. The key term here is *generate*. It derives from the concept of generative grammar which represents a prominent theory in child language acquisition. The basic tenet of generative grammar is that children unconsciously learn a finite set of linguistic rules that allow for the infinite generation of novel utterances (Chomsky, 1965). The ability to generate language from a finite grammar represents the competence that all normal speakers of a language possess. Hence, a child's ability to generate language should be a major aspect of intervention strategies.

The clinical implication of the generative model is to evaluate both the form and underlying meaning of what a speaker says. The important clinical question is to what extent a speaker is competent? The answer to this question is in the speaker's knowledge about the grammar of his language and in his ability to generate language from that grammar which is appropriate to the situation and context. The structure or form the speaker uses is important, but is secondary to the overall communication of meaning. Certainly, the forms used by speakers of standard and nonstandard dialects of English differ, while meaning does not. Few would argue that *I ain't got none* and *I have none* are semantically different.

Thus, the generative model provides a frame of reference that tolerates linguistic diversity in that differences among speakers are natural and expected. While these differences, based on cultural and educational factors, constitute legitimate variations, abnormalities of language fall outside the level of toleration for variance and are most evident when an individual is incapable or has difficulty communicating ideas.

Child-Centered Model

Typically, we rely very heavily on developmental norms as references for clinical decision making about a child's language status. These developmental profiles and the standardized tests from which they are often taken, seem, for many of us, to be indispensable. However, in our enthusiastic embrace of these standardized tools we often fail to consider a couple of factors. First, the rate of language acquisition, and to a lesser degree, its sequence of language, is extremely variable among children. Indeed, because language norms represent averages for groups of rather heterogeneous children, their use as an index of normality for an individual child is highly suspect (Hersen & Barlow, 1976).

Second, the nature of language learning is highly synergistic. Language does not appear to be learned in an additive, all-or-none manner (Bloom & Lahey, 1978). Children do not acquire form *A* and then proceed to form *B*. Instead, many forms are acquired synergistically and in overlapping stages with some forms just emerging, others being partially mastered, and still others fully mastered. Consequently, it may be a mistake to establish intervention goals that lock-step a child into a sequential developmental pattern that is (a) based on a hypothetical average child, and (b) that teaches mastery of one form before progressing to another; thus, ignoring the synergistic development of language forms.

The final issue I wish to raise about the widespread use of developmental profiles is the inadequacy of the data base. Developmental profiles are almost exclusively focused on emerging language structure in White-middle-class children. The importance of examining and understanding the complex relationship between communicative intent and meaning is becoming increasingly clear. Yet, there is a paucity of information about the developmental interaction among pragmatics, semantics, and language structure. Also, the absence of developmental data on minority children is well known.

As I indicated earlier, however, I am not convinced that psychometric normative profiles are as useful in language assessment as is currently believed. I do indeed value child language acquisition research to the extent that it provides insight into the language-learning process. A greater understanding of the interaction among language form, language meaning, and communicative intent in child language acquisition would greatly improve our clinical effectiveness.

Given these reservations about developmental profiles, I think the most practical approach to describing a child's language problem is to take what I call a child-centered approach. This is done by conducting a within-subject-analysis and determining intervention goals based on that analysis. Such an approach aims to establish hypotheses about the child's language knowledge without regard for how the child ranks in terms of group norms. Through indepth language analysis and probing techniques (Seymour, 1981, 1984), the clinician identifies the child's strengths and weaknesses, which provides the basis for establishing intervention goals. And, in the absence of normative data, the basis for determining strengths and weaknesses is the child's performance in production and comprehension tasks that reflect what the child can do, can do partially and can do well.

Thus, it is the child's emerging language system that provides the evidence of his language level and reveals the direction that intervention goals should take. The clinician's task is to expand upon the child's strengths, while attempting to eliminate weaknesses. By using the child's own emerging system as a guide for intervention, rather than some normative profile representing averages for children's development, the clinician targets behaviors specific to the child's needs. Moreover, target behaviors that represent emerging patterns in the child's language system take advantage of the child's natural inclinations by nurturing behavior consistent with the direction in which the child is developing. And, because language development is synergistic and nonadditive, a child-centered approach, as described here, aims to make the child's system self-generative, building upon itself to a point where the child can be an independent language learner.

Diagnostic-Intervention Model

Clearly, the relationship between diagnosis and the establishment of intervention goals is an interdependent one. However, we often think of this dependency as unidirectional, that is, that goals simply derive from diagnostic information. But, in fact, diagnosis can also depend on intervention goals. If one considers intervention goals as representing hypotheses about a child's language needs, then these goals must be regarded as tentative. They are subject to revision as the clinical picture changes. For this reason, hypotheses about appropriate intervention goals need to be tested and revised by an on-going diagnostic process.

Thus, the diagnostic-intervention model denotes a clinical plan that begins with a diagnosis, from which tentative hypotheses are formed and then tested. As a result of testing, those hypotheses are reformulated. Hence, the clinical process is a circular one that returns to some aspect of diagnosis as the child's language status changes due to maturation and environmental factors, as well as clinical intervention. Moreover, this diagnostic-intervention model is particularly necessary for successful implementation of a child-centered approach. As indicated above, in the child-centered approach there are language analysis and probing tasks. Also, during revision of hypotheses about the child's language, on-going intervention is taking place.

Bicultural/Bidialectal Model

In response to the question posed earlier: Do differences make a difference? I indicated that language and cultural differences matter most at certain levels of the clinical process and less at other levels. I think the areas in which they matter most are: (a) in selecting stimuli for obtaining diagnostic data; (b) in interpreting diagnostic data; and (c) in the stimuli used for implementing goals. These differences are of least importance in the establishment of intervention goals. I shall elaborate on these points further as they apply to the Black child of a nonstandard English background about whom I am most familiar.

The initial part of the diagnostic process involves selecting stimuli that can be used validly and reliably in assessing children's language competence. To this end, the content of these stimuli should represent the child's cultural background. For the nonstandard English speaking child, the nonlinguistic subject matter should approximate his experiences and the linguistic stimuli should be bidialectal.

The significance of bidialectism lies in the optionality of nonstandard English features. For example, the *-ed* marker for past tense in *He played ball* is obligatory in standard English, but is optional in nonstandard English. The use of this *-ed* marker varies among nonstandard English speakers, and even within speakers—where past tense *-ed* may be used in one linguistic context but not another. Thus, nonstandard varieties of English such as Black English represent a continuum of features ranging from Black English usage to standard English usage. Also, these two dialects have more features in common than otherwise.

So, bidialectal behavior must be taken into consideration if diagnostic data are to be interpreted accurately. Which forms, nonstandard English versus standard English, and how frequently those forms are produced provide important information for determining the direction in which the child's language is developing. By having an idea about this direction one can begin to hypothesize about the child's strengths and weaknesses. These hypotheses would then be tested by language probes to determine how strong standard and nonstandard patterns are and the extent to which those patterns interact appropriately with meaning and communicative intent.

Regarding the importance of differences among cultural groups in implementing intervention goals, the clinician should consider the conditions under which language learning takes place as well as the social and cultural factors unique to the child's background. Thus, the child's learning experience is enhanced and reinforced by that which is familiar, interesting and nonthreatening. On the other hand, the intervention goals themselves, should be less influenced by factors unique to the child's culture.

I have devoted a good part of this paper to advocating that having competence as a communicator should be the aim of intervention for language-disordered children. And, that this competence is not specific to any one dialect. In fact, the competence that speakers of different dialects of English have is probably the essential common denominator among them. Thus, one need not set out to teach a child Black English, Appalachian English, Brooklynese, or even standard English. Instead, clinicians must stimulate and facilitate the child so that the child will induce the rules of the child's language, and not necessarily the specific features of the child's dialect. What the dialect of that language happens to be should be a secondary concern. It seems to me that a child should not be taught the aspects of language that differentiate dialects, but instead, the focus should be on those aspects that unite the dialects under one language.

In summary, I have advocated that alternative strategies for assessing and facilitating language should be based upon principles that best capture how children normally experience and learn language. Admittedly, much remains to be learned about this complex human behavior we know as language. I am sure that for many of the concepts I have discussed there is the need for detailed explanation regarding clinical implementation. This explanation is possible for some of the concepts and not for others. For certain of my suggestions the conceptualization is in advance of techniques for implementation. Nevertheless, I strongly believe that principles are more important than specific techniques, and that these techniques will undoubtedly be developed by enlightened and creative clinicians, providing the principles are understood. Also, while specific techniques vary with the individual needs of children, and among cultural groups, principles, if valid, will not.

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Chapter 11

LANGUAGE POLICY FOR IMMIGRANTS AND AMERICAN CITIZENS WHOSE NATIVE LANGUAGE IS OTHER THAN ENGLISH

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Although English is recognized and accepted as the official language of the country, no explicit language policy has ever been promulgated by the United States. In fact, when the Europeans first arrived in the new world, there were more than 500 languages spoken by the natives of North America (Lawrence, 1978) and native language maintenance and bilingual education became de facto practices in the fledgling nation.

The Germans were the first to establish bilingual parochial schools in the mid 18th century, and the colonies embarked on a bilingual tradition that was to last until the xenophobic nationalism of World War I when states began enacting laws that required English as the sole language of instruction. By 1923, 34 states had such laws (Castellanos, 1983) and bilingual education was not to re-emerge as a significant education issue until the 1960s, when Hispanics, newly activated by the civil rights movement, and the suddenly large groups of Cubans in Miami, pushed for legislation permitting bilingual education. The Bilingual Education Act, Title VII, was enacted in 1967 and implemented in 1968. In 1975, the Supreme Court, in response to a lawsuit by Chinese plaintiffs in San Francisco, ordered the school district to take action to remedy the lack of English-language competence on the part of plaintiffs.

Although the United States still has no official policy on language for the country there is a policy for students who are nonEnglish-proficient (NEP), or limited-English-proficient (LEP), including the handicapped. Also, many states have developed explicit guidelines on the education of NEP/LEP and handicapped NEP/LEP students. These policies and guidelines, their history, implementation, problems and recommendations for the future, are the subject of this paper.

Most of the literature on the topic of bilingualism and special education, or language disorders and bilingualism, suggests that Hispanic or Spanish-speaking children (the greatest amount of work has been done on Hispanics) are often placed in special education classes (i.e., emotionally disturbed, mentally retarded, learning-disabled, resource room or speech therapy, when their problem was that they did not speak English (Ambert, 1979, Mercer, 1973, Moreno, 1982). In 1968, the President's Commission on Mental Retardation found "that children from impoverished and minority group homes were 15 times more likely to be diagnosed as retarded than were children from higher income groups" (Moreno, 1982, p. 3). LEP students in public schools, for the most part, come from impoverished homes.

Hispanics are the largest linguistic minority group in the country, representing 7.2% of the total U.S. population in 1985 (U.S. Census Bureau, 1985). They also represent the largest proportion of LEP students (O'Malley, 1981). The U.S. Census Bureau (1985a) reported that "Twenty-four percent of Mexican American, 42% of Puerto Rican, and 24% of Central or South American families fell below the poverty level in 1984, compared to 12% of all U.S. families" (p. 5).

A newer problem in dealing with LEP students with special needs is that often they do not receive the necessary assessment and treatment because school personnel assume that any problem the students may exhibit is due to their limited proficiency in English and will self-correct when the children learn English (Nuttall, Landurand, & Goldner, 1983). Additionally, some teachers and administrators fear they will be charged with discrimination if they place a LEP child in special education.

It would be gratifying to be able to say that these practices are now history and that children are being properly diagnosed and treated. Although there have been many improvements, much needs to be done if we are to meet the needs of students with communication disorders who are also limited in their proficiency in English.

This paper will first present a brief overview of the history of bilingual education policy and of special education for LEP students. Second, a review of some federal and state legislation and some examples of case law on special education for LEP students will be discussed. Third, a discussion of some of the continuing problems in implementing policy and legislation will be presented. Finally, some recommendations will be made for the improvement of services to the LEP students with communication disorders.

DEFINITIONS

Bilingualism is the ability to communicate effectively in a wide range of contexts in two languages. There are varying degrees of bilingualism, with some individuals having equal proficiency in each of two languages (i.e., they can understand, speak, read, and write each with native ability). These are known as balanced bilinguals and are relatively rare. Another bilingual person may be dominant in one of the two languages (i.e., has greater proficiency in one, but can function in both). A third type of bilingual is literate in only one language but has oral proficiency in two. Some children in U.S. schools can understand and speak two languages but cannot read or write either one.

Obviously, a 5-year-old child needs only an oral 5-year-old vocabulary and concepts in two languages to be considered fully bilingual, while a college-educated adult needs full, standard register, college-level or higher, literacy in two languages to be considered fully bilingual (Krashen, 1978).

Bilingual education is the use of two languages for instructional purposes. As it currently exists in the United States, it is not intended to develop bilingualism in students. It is intended to teach students English so that they may function in a monolingual English environment, thus the name Transitional Bilingual Education (TBE) is used.

A *Limited-English-Proficient* (LEP) individual is one whose English language skills, as determined by one or more of several assessment procedures and instruments, are insufficient for him/her to benefit from instruction through the medium of English.

Our concern today is students with communication disorders who are limited in English proficiency. Obviously, students who are completely bilingual present no problems in assessment, diagnosis, and treatment since all of these can be done in English. In the case of such individuals, there remains the issue of culture and the desirability of personnel having some knowledge of the children's culture and the role that culture conflict can play in their educational problems. Students with limitations in their English language skills are at greater risk of misdiagnosis and lack of or inadequate treatment.

BILINGUAL EDUCATION POLICY

In 1967, Congress passed Title VII of the Elementary and Secondary Education Act, which became known as the Bilingual Education Act. It provided federal funds for implementation of programs of instruction that utilized the children's native language as a language of instruction and incorporated the aspects of the children's culture into the curriculum. It was a permissive law. It has never required any school district to implement bilingual education programs except in those projects for which Title VII funds are sought.

This law must not be misinterpreted as a national language policy, or as an attempt to establish a national curriculum for LEP students. The legislation provided funds for discretionary, competitive grants for programs that would use the children's native language as an instructional medium, while they received instruction in English as a second language.

The rationale, in part, was that children can continue to learn content matter through the medium of their native language, while they are learning English. In addition, it is believed, and there is research evidence to indicate, that development of their first language (L1) will aid their learning of the second language (Cummins, 1979, Skutnabb-Kangas, 1979).

In *Lau v. Nichols* (1974), the Supreme Court decided that San Francisco public schools must act to remedy the English-language deficiencies of Chinese children who were receiving no special services. The court said, in part: "There is no equality of treatment merely by providing students with the same facilities, textbooks, teachers, and curriculum, for students who do not understand English are effectively foreclosed from a meaningful education."

The Court did not order the implementation of bilingual programs. Instead, it stated that bilingual education might be one remedy and that there may be others, such as teaching English to students. Bilingual education programs became the preferred remedy of plaintiffs and their attorneys, however, and the one most often ordered or agreed to in consent decrees. Furthermore, since 1971, when Massachusetts passed the first state bilingual education statute, 20 states have enacted similar laws.

THE HANDICAPPED OF LEP

Neither the Bilingual Education Act of 1967, nor the state statutes enacted thereafter dealt with the needs of LEP students with handicaps. As in bilingual education and desegregation, the courts have played a significant role in enforcing and expanding the rights of minorities in special education.

In 1970, in *Diana v. Board of Education* (1970), the court found that tests used for placement in classes for the mentally retarded discriminated against the Mexican-American plaintiffs from Spanish-speaking homes. The out-of-court settlement stipulated the use of testing procedures and re-evaluation of Mexican-American students in classes for the mentally retarded.

In *Covarrubias v. San Diego Unified School District* (1971), plaintiffs sued for punitive damages for the amount of time they had spent in special education classes. The out-of-court settlement provided for re-evaluation and assignment based on appropriate tests. Parents were granted the right to receive information in their native language.

In *Guadalupe v. Tempe* (1978), plaintiffs claimed that there was disproportionate representation of Yaqui Indian and Mexican-American children in classes for the mentally retarded. In an out-of-court settlement, it was stipulated that children in classes for the mentally retarded would be re-evaluated and testing would be conducted in the native language. Informed parental consent was required before placement.

In *Jose P. v. Ambach* (1979) two class-action suits claiming that handicapped children had been denied a free appropriate education, the court ordered the development of appropriate evaluation procedures with adequate staff, facilities, and nondiscriminatory bilingual testing techniques, an appropriate program in the least restrictive environment, including bilingual programs; and the development of a bilingual manual describing due process and parental and student rights.

With the enactment of PL 94-142 in 1975, the federal government attempted to ensure access to equality of educational opportunity for all handicapped children and youth, including those of LEP. This law provides for a free, appropriate education for every handicapped individual between 3 and 21 years of age. It further requires that the handicapped be provided with the same programs and services as the nonhandicapped, including bilingual education. Providing further for those of LEP, the act requires nondiscriminatory evaluation procedures, testing in the child's native language, and placement in the least restrictive environment possible, to avoid segregation.

Since the enactment of PL 94-142, some states have enacted legislation that goes beyond the requirements of the federal law, while others comply only with the minimum requirements. The state of New Jersey, for example, until recently, did not allow children to receive services from two different funding sources. The requirement that "a pupil may be counted only once for categorical aid," in the Bilingual and ESL Programs: A policy manual, (Department of Education, state of New Jersey 1981), was usually interpreted to mean that a choice needed to be made as to which deficiency would be remedied, but children placed in two programs would not receive categorical aid. That practice is in the process of being changed (Conversation with an official in N.J. State Department of Education). In California, on the other hand, for years, the same student has had access to bilingual education and special education under one of several programs. For example, state-funded programs such as Economic Impact Aid, State Compensatory Education, School Improvement Program, and staff development funds are all available in California, as are federal funds under ESEA Title VII, Chapter I—Migrant Education, and Title IV of the Civil Rights Act (Personal communication, 1984) bilingual education administrators in California.)

Nuttall, Landurand, and Goldner (1984) studied the mainstreaming of LEP handicapped students in bilingual education in 21 local education agencies from around the country. They found that only about one-third of the districts had bilingual education instructional services available, but they did not always have all the necessary bilingual support personnel. Sometimes bilingual services consisted of a bilingual aide assisting a monolingual teacher. They found that for non-Hispanics, bilingual special education programs are rare.

The National Center for Bilingual Research (1983), in a review of the literature on services to handicapped LEP students, found that LEP students with a second special need, such as a language disorder, "are provided with special education in either language proficiency or the area of their handicap" (p. 3). Furthermore, they found that "in those schools where students receive educational services in both areas, there appears to be little or no articulation in the educational plan or in the actual delivery of services" (p. 3).

It is clear that a national policy for LEP students with communication disorders is only the first step in meeting their needs. Policies require funding, staffing, and training. Research needs to be ongoing so that the policy and implementation can be refined.

ASSESSMENT

The enactment and funding of federal and state laws for the education of the handicapped, with provisions for assessment in the native language of LEP students is a step in the right direction but it does not solve the problem completely. Assessment of LEP students suspected of having special needs continues to be problematical, particularly when dealing with communication disorders.

California state law defined a severe language disorder as follows:

> An individual has a severe disorder of languages when . . . the individual's score on culturally appropriate standardized tests or subtests of language assessment in the primary language and mode of communication fall lower than two standard deviations below the mean for the individual's mental age (California Administrative Code (CA) Title IV, 3610 (e) (1) (B).

Even such enlightened and explicit policy does not solve the problem, however, because there is a continuing dearth of assessment tools in languages other than English and a reliance on inappropriate tests. "Current theoretical work on language has not yet influenced language assessment for the Hispanic LEP student" (Gavillan-Torres, 1984, p. 141).

Ambert and Melendez (1984) summarize the assessment problems as follows:

> Although Public Law 94-142 mandates nondiscriminatory evaluation . . . biased assessment continues to plague the special education assessment of LEP children. Tests normed and standardized on white middle-class populations continue to be administered to linguistic minority children. LEP children are frequently tested in English or with translated versions of tests that do not erase the cultural bias inherent in the tests. LEP students are often tested by persons with rudimentary knowledge of the child's language and/or culture. Under these circumstances we find that assessment results of LEP students are frequently invalid and interpretations inaccurate. Many of the problems in the assessment of linguistic minorities remain in the practice (p. 182).

Test translation is always less than desirable, especially in tests for language problems. A test of auditory discrimination in English sometimes tests for sounds that do not exist or are commonly not used in a particular dialect of Latin-American Spanish (e.g., th, sh, or final s). Mere translation would not accomplish the task of testing for the sounds since the Spanish word might not have the same sounds. According to Gavillan-Torres (Personal Communication, August 13, 1984), it is preferable to use tests developed in Chile and Argentina than to translate tests from English, because they have the same linguistic foundation, and the sounds, the lexicon, and the syntax are essentially the same. Adjusting the tests for regional and dialectal differences is easier and less costly than developing new tests or even translating tests from English. Testing in L1, however, is absolutely essential in order to determine whether a student has a language disorder or is merely limited in English proficiency.

The problem becomes more acute for children from linguistic minority groups other than Spanish. The smaller the language groups, the more serious the lack of tests and trained professionals.

Although the special education research dealing with language disorders of LEP students has concentrated mostly on assessment and diagnosis, the problems of assessment continue. The field is now at a point where it is necessary to simultaneously continue working on the problems of assessment and move into still untouched areas of research.

Research

The field of research on language disorders is still largely unexplored in the languages represented by our linguistic minority students. Even in Spanish, the largest group, there is little research on language-disordered Hispanic learners of English. In one of the very few studies of language disorders and bilingualism, Ambert (1979) studied the learning of English (L2) by a Puerto Rican language-disordered boy of 12. She concluded that LD students can learn a second language but not necessarily through formal instruction. She provided many concrete, experiential opportunities for the student to develop Spanish, his native language. There was no formal instruction in English. After a few months, he was able to transfer the concepts he had learned (i.e., the ball is on top of the table) into English. She stated that "in a language-disordered child, ... a second language may confuse and retard the learning of the native tongue if the native language is not strengthened and a second language is introduced without taking into account children's learning acquisition stages" (p. 16). Clearly, this is a question in need of further research.

At the moment, treatment of language-disordered LEP students appears to be based on research on monolingual English speakers, intuition, and trying out whatever may have a chance of working. Ambert and Melendez (1984) state ". . . there is no consensus on appropriate treatment of exceptional children of limited English proficiency in public school settings" (p. 187). Nuttall, Landurand, and Goldner (1983), confirmed that statement in their study of 21 LEA's and their services to this population. They found a variety of practices including "bilingual" services which consisted of a bilingual aide assisting a monolingual English-speaking teacher.

Carpenter (1983) suggests as possible areas for investigation: "research to determine minimum nonEnglish language proficiency levels required to effectively use such languages professionally," "speech-language therapy conducted in English vs. in the child's home language," "studies to determine the objectives or expected outcomes of speech-language therapy for LEP students," and "appropriate remediation techniques" (p. 71).

Other Issues

There are several related issues in need of policy and investigation, such as certification requirements, professional training, materials development, and funding. Certification of personnel to serve students with communication disorders, by and large, does not deal with language proficiency, despite the federal mandate for assessment in the native language. Even in California, with one of the most progressive and comprehensive state statutes, a survey of speech and language professionals working with handicapped limited and nonEnglish-speaking Hispanic students revealed that over 50% believed that programs were less than adequate. Nearly half thought the students were being inappropriately placed in speech and language and hearing programs. Furthermore, 75% thought there may be Hispanic students needing services who were not receiving them (Dulay, 1980).

Closely related to certification is the issue of training. Too often, federal funds for fellowships for training bilingual special education personnel provide funds for only 1 or 2 years, leaving students who may require additional time without funds to complete their studies and qualify for certification.

There are two approaches to increasing the pool of qualified personnel: training bilingual teachers as communication-disorders specialists, or providing language and culture training for monolingual communication-disorders specialists. Both routes require explicit policy and funds.

It is probably more practical to train bilingual teachers as communication-disorders specialists. This usually requires a certification or master's degree program which may be acquired in 1 to 2 years. Developing proficiency in a second language in monolingual adults is a more difficult task and usually requires more than 2 years, unless the person is immersed in the language for a period of time. The latter might work with professionals who have studied a foreign language in college and have acquired the rudiments of the language.

Establishing a bilingual special education certification would help increase the number of education students majoring in this area. At present, most certification is in special education with a bilingual endorsement. A clear statement that bilingual special education is a mainstream field which will be a permanent area of certification will provide the incentive for people who may believe that bilingual education is a temporary program which some day will no longer be needed.

Increasing funds for fellowships will also help increase the numbers of qualified professionals. Many teachers who already possess a master's degree and, therefore, are unwilling to pay for a second would be motivated to obtain a second degree and certification if tuition funds were made available.

Gavillan-Torres (Personal communication, August 12, 1984) stated that, even when assessment procedures are adequate, bilingual personnel are available, and the student is appropriately placed, sometimes the teacher has no appropriate materials in Spanish or any other nonEnglish language. Even in Spanish where a wealth of material is now available for bilingual education, there is relatively little for special education. For languages other than Spanish, materials are almost nonexistent.

Finally, question of funding is at the heart of the problems in serving LEP students with communication disorders. Funding for most education programs is almost never adequate for serving all those in need. In the present deficit-reducing, budget-cutting mood at the federal level, it is unlikely that there will be sufficient increases in funds to fully address the needs for additional trained personnel, additional instruments in more languages, and materials in languages other than English.

The reading of case law would indicate that school systems must respond:

> Under the law, no longer can the school system fail to provide linguistically/culturally different students appropriate services because of the lack of personnel, resources, or the costs involved. The school must [illegible]ek the required services and pay for them (Ambert & Melendez, 1984, p. 187).

It remains to be seen how much teeth the courts will be willing to put into the orders, and the states into the laws.

CONCLUSIONS

1. It is clear from PL 94-142 that states receiving federal funds for education of the handicapped must provide services to the LEP handicapped. These services, at a minimum, include assessment in the native language with appropriate instruments.

2. There is a need for valid tests in Spanish and other languages for assessing language disorders.

3. There is a need for trained bilingual professionals to develop and administer the tests, provide therapy, develop materials, and conduct research.

4. There is a need for research on Spanish-language acquisition and disorders, and on therapy methodologies.

5. There is a need for a clear and explicit policy on the delivery of services to other than Spanish language groups.

RECOMMENDATIONS

The Office of Bilingual Education and Minority Languages Affairs and the Office of Special Education and Rehabilitative Services should collaborate on the following:

1. Developing and funding a research agenda to study Spanish language development and disorders in the United States and Puerto Rico,
2. exploring alternative assessment procedures in order to reduce dependence on tests which are too often inappropriate translations, or have been normed on White, monolingual populations,
3. development of tests for U.S.-based Hispanic populations and normed on these populations,
4. funding additional training programs (perhaps through matching grants to states) to develop clinicians, assessment specialists, and researchers, and,
5. convening a forum of experts to develop realistic policy and strategies for services to smaller language groups.

For the long run, the Department of Education should establish a policy of providing an opportunity for every student in the United States, including L1 English-speakers as well as LEP students to learn a second language to a level of full bilingualism. This is the only way that we will be sure to have trained professionals with bilingual capabilities in every field of endeavor in the future.

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Chapter 12

NEED AND JUSTIFICATION FOR BILINGUAL EDUCATION FOR MINORITY GROUPS WITH COMMUNICATION DISORDERS

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This presentation proposes to show that there is a need and a justification for bilingual education and bilingual instruction for language-minority groups with communication disorders. This paper will summarize the major features of bilingual programs that have worked well for limited English proficiency (LEP) populations without handicapping conditions, and will argue that the benefits of bilingual education can be extended to LEP populations with communication disorders. The presentation will stress that the native language and culture component of bilingual education, coupled with the training component for teachers, administrators, and parents, can make a significant contribution to the improvement of educational services to LEP populations with communication disorders.

NEED FOR BILINGUAL EDUCATION FOR LEP POPULATIONS

In 1961, the Dade County, Florida school system set up a special program to address the needs of Cuban refugees in the Miami area. The program consisted of language classes in Spanish for Spanish speakers, subject matter classes also in Spanish, and intensive instruction in English as a second language (Castellanos, 1983). Two years later, the first bilingual program after World War II was established at the Coral Way Elementary School in Miami to teach content classes in the pupils' native language (Spanish) for half of the school day, while reinforcing the same concepts the other half of the day in English. The program was so successful that it attracted national attention and ultimately became a model for other projects around the country (Andersson & Boyer, 1978).

Seven years later (1968), as a separate development, Congress enacted the Bilingual Education Act (Title VII of the Elementary and Secondary Education Act of 1965). Title VII provided financial assistance to local school districts to develop and carry out new and imaginative programs designed to meet the special educational needs of LEP students (Leibowitz, 1980). This act recognized "that a child's mother tongue can have a beneficial effect upon his education" and "help prevent retardation in school performance" (Andersson & Boyer, p. 32).

This piece of legislation and the bilingual instructional programs it created were "welcomed, embraced, and grasped as the proverbial straw which could prevent the continued drowning of limited English children in the dark waters of our elementary and secondary schools" (Càrdenas, 1984, p. 3). Historically, monolingual instruction has been very ineffective in meeting the needs of LEP students, and "these groups have, in general, the lowest academic achievement, the highest attrition rates, and the lowest academic records of college enrollment in comparison with all other groups" (Hernàndez Chàvez, 1984, p. 144). According to Birman and Ginsburg (1983), the educational plight of LEP students under traditional programs has been well documented:

> Data collected by the federal government and by private civil-rights and educational organizations in the late 1960s revealed substantial evidence of discrimination against language-minority students, especially Hispanics, in the nation's public elementary and secondary schools. Statistics on academic achievement and school retention clearly documented that hundreds of thousands of linguistic-minority students suffered severe academic retardation and exceptionally high dropout rates (p. x).

Under these circumstances, it is not surprising that linguistic minority advocates began to look for suitable alternatives such as bilingual education (Hernàndez Chàvez, 1984).

> The civil rights movement of the 1960s brought with it increasing demands for a better and more relevant education. Language minority groups included in virtually every set of demands a call for bilingual and culturally responsive schools. Bilingual education was to be a system of education wherein the students' native language and culture were valued, the students were enabled to develop a positive self-image, the students' opportunities for academic success were enhanced, and the students' solidarity with their communities was strengthened (p. 147).

BENEFITS OF BILINGUAL EDUCATION FOR LEP POPULATIONS

The most salient feature of bilingual education as practiced in the United States—and that which most distinguishes it from other special methodologies designed for LEP children, such as English as a second language (ESL)—is the use of the child's first language (L1) and culture for instructional purposes. This distinction, though obvious to those who are knowledgeable about the field, still needs to be emphasized because the terms *bilingual education* and *bilingualism* connote different things to different segments of the general public and even of the profession. For some, bilingual education means foreign languages, for others it involves any educational endeavor aimed at actual or potential bilinguals.

Moreover, some of the nonbilingual methodologies employed with LEP students may make use of bilingual support (such as bilingual aides or materials) but without bilingual instruction, and thus would not qualify as bona fide bilingual education (Hakuta, 1986). For the present discussion, the definition of bilingual education provided by Saville and Troike (1971) will be considered appropriate: "Bilingual education is *not* just 'education for bilinguals,' nor is it merely an English as a second language program, although ESL is a necessary part. It is an educational program in which two languages are mediums of instruction" (p. 4).

While some writers (Baker & deKanter, 1983; Ramirez, 1985) may consider the evidence regarding the effectiveness of bilingual education to be contradictory, others believe that bilingual education has moved from a position of documenting its successes to studying the reasons for its success (Troike, 1978; Walker de Felix, 1984). The fact that teachers in bilingual programs speak both the home language and English, that children learn basic skills in their home language while acquiring the new language, and that children in bilingual classrooms find support for their home culture is seen by some as a definite advantage of bilingual education over monolingual education (Walker de Felix, 1984).

Càrdenas (1984) has identified three positive consequences (academic, psychological, and cognitive) brought about by L1 instruction to LEP populations (pp. 3-4):

1. The child continues to learn as she moves from one language to the other (academic).
2. The child receives a feeling of acceptance, worth and self-esteem not experienced before, resulting in a decline in alienation from the majority group (psychological).
3. The child develops her intellectual capability for learning (cognitive).

These three categories of benefits, plus equity rights, will serve as a useful framework for discussing the major advantages of bilingual education for general LEP populations.

Academic Benefits

The academic benefits accruing to LEP populations as a result of bilingual instruction take many forms. Sànchez (1980) discovered that a bilingual setting with a Chicano teacher who is bilingual yielded positive student results in the areas of reading and math. Zappert and Cruz (1977), after reviewing 108 bilingual project evaluations and 76 research studies, concluded that "bilingual education and bilingualism improves, or does not impede, oral language development, reading and writing abilities, mathematics and social studies achievement" (p. 39). Alejandro (1980) compared the achievements of two groups of elementary school Chicano students, one of which participated in bilingual programs and the other which functioned as the control group. He found that "the performances of the bilingual group were . . . significantly higher than the performances of the comparative group in most of the criterion measures analyzed"—oral vocabulary, numbers, association, and classification (p. 67).

Ramirez (1985) suggested caution in interpreting the results of studies comparing the academic performance of bilinguals and monolinguals because of sampling bias and a lack of controls. In his opinion, the results of such studies have been mixed: "some studies regard bilingual performance as 'inferior,' 'superior,' or not significantly different from that of monolingual controls" (p. 199). Even so, Ramirez points out that various studies have found the academic achievement of bilinguals "equal to and, at times, superior to their monolingual counterparts" (p. 200).

Cummins (1981) also reported successful instances outside of the United States—Sweden, Manitoba, and Edmonton—which support the bilingual instructional approach for language minority students. However, because of the difference in settings between these countries and the United States, the results cited by Cummins are not given as much weight here as those obtained domestically.

Other studies such as the Significant Bilingual Instructional Features—SBIF—(Tikunoff, 1984, 1985) have provided significant though indirect evidence regarding the school-related benefits of bilingual instruction. The study found that:

1. Successful teachers used both the students' L1 and the target language (L2) effectively for instruction; that is, the teachers frequently alternated languages in a systematic fashion, using L1 to achieve understanding for purposes of instructional development and to clarify instructions given in English.
2. Successful teachers responded to and used information from the L1 culture during instruction; that is, teachers made frequent use "of their understanding of LEP students' home cultures to promote engagement in instructional tasks" (Tikunoff, 1984, pp. 14-15).

Though the above research project investigated effective teacher (rather than student) performance, the connection between bilingual education and academic benefits is still valid. Since the teachers studied were considered effective because their students progressed in their studies, ultimately the effectiveness of the methodology that was mediated bilingually attests to the benefits of bilingual instruction.

Psychological Benefits

Psychological benefits, which refer primarily to the self-esteem and inner condition of LEP students (their "comfort zone"), have always been highly regarded by those in the field. Tilley's (1982) rank-ordering of the goals and objectives of bilingual education as perceived by 220 bilingual project directors in the United States revealed that the most desirable of the 57 objectives listed was "to develop and maintain the child's self-esteem in both cultures" (p. 42). Càrdenas (1984) viewed a negative self-concept as detrimental to learning, and indicates that:

> the advent of bilingual programs with native language instruction indicated to the language minority child a new sense of ac-

> ceptance. The school appeared to be saying, "I accept your language, therefore I accept you. I accept your language, I accept your heritage, your culture, your family, your ethnicity" (p. 4).

Ulibarri (1970) agreed that the reinforcement and development of the self-image of the bilingual-bicultural child "seems to be one of the strongest reasons for the creation of bilingual-bicultural educational programs" (p. 10).

Since negative teacher attitudes and improper student assessment are two major causes of negative self-esteem among LEP students (Rodriguez et al., 1984, pp. 57-58), it is worth noting that some bilingual teacher training programs include among the competencies of their graduates "a clear understanding [of] and sensitivity to the cultural background of the children to be served" (Ortiz, 1981, p. 66), and provide for the development of bilingual diagnosticians who can properly assess LEP students and "provide written recommendations for the child's most appropriate placement" (p. 67).

Cognitive Benefits

The relationship between bilingualism and cognitive development has been debated for a long period of time. The early literature on the subject was mostly negative (e.g., Arsenian, 1937), primarily because the early researchers were predisposed "to find all sorts of troubles and usually did" (Lambert, 1977, p. 15).

In the 1960s, the quality of this type of research improved significantly, particularly as a result of a very elaborate Canadian study designed to investigate the relationship between bilingualism and intelligence (Peal & Lambert, 1962). Data were collected on 46 variables, including linguistic background, school grade, various verbal and IQ measures, and student and parental linguistic attitudes.

> The results showed the unequivocal superiority of bilinguals on both verbal and nonverbal tests. In the larger sample bilinguals performed significantly better on all nineteen intelligence variables Ramirez, 1985, p. 195)

More recently, Hakuta (1984) studied 392 Hispanics enrolled in K-6 transitional bilingual program in the northeastern United States. This study was significant in three important ways: it tracked the effect of bilingualism on a particular group of children for 3 years, rather than being cross-sectional; it studied low-income rather than middle-class populations; and it involved a population composed of nonbalanced bilinguals (i.e., dominant in one of the two languages). The study found a relationship between bilingualism and higher order cognitive skills even among nonbalanced bilinguals, and between nonverbal intelligence and spatial relations. The results also indicated that students who were initially more capable in L1 (Spanish) tended to become more capable in English as they moved up the grades.

Equity Benefits

Though those aspects of bilingual education that relate to the legal rights of LEP populations are among the most controversial (Ruiz, 1984), the "language-as-right" orientation posited by Ruiz is not about to be abandoned. "It is essential that for short term protections and long term guarantees, we be able to translate the interests of language-minority groups into rights-language" (pp. 23-24).

It is not hard to understand why, in the words of Alan Pifer (1975) of the Carnegie Foundation, "bilingual education has become the preeminent civil rights issue with Hispanic communities" (p. 5). Bilingual instruction enables all LEP individuals, not just Hispanics, to participate in activities, programs, and benefits which normally require competence in L2: unemployment insurance benefits and voting (del Valle, 1981), legal proceedings, medical services, and commercial contracts (Hernàndez Chàvez, 1978). Bilingual education has had a multiplier effect in this respect: instruction in L1 makes it possible for LEP individuals to become aware of their rights and privileges through information in L1, and also allows them to utilize L1 to participate in particular activities (i.e., take a test, fill out a form or application, or enter a legal defense).

Furthermore, the success of bilingual education has prompted legislators and the courts to validate "the right of students to their own language" (Ruiz, p. 22) and to assert their right to freedom from discrimination on the basis of language (Macias, 1979). Ruiz is concerned that an insistence on the rights of LEP populations may lead to resistance, confrontation, and noncompliance on the part of the general public, but the civil rights experience in the U.S. vis-a-vis Blacks clearly suggests that sometimes the legal recourse is the only recourse that will produce results.

Troike (1978) reviewed a number of well-controlled research studies carried out in such sites as San Francisco, Lafayette Parish, LA, St. John Valley, ME, Rock Point, AZ, and Santa Fe, NM. In his opinion, the evidence suggests "that a quality bilingual education program can be effective in meeting the goals of equal educational opportunity for minority language children and if a program is not doing so, something is wrong with the program" (p. 13).

BENEFITS OF BILINGUAL EDUCATION FOR LEP POPULATIONS WITH COMMUNICATION DISORDERS

The first part of this paper described a number of benefits that accrue to general LEP populations participating in bilingual education programs and receiving bilingual instruction. Admittedly, the fundamental differences between general LEP populations and LEP populations in communication disorders are likely to affect their respective needs—children with speech or hearing impediments will require different educational treatments from those without handicapping conditions. Nevertheless, we should carefully consider the proposition that the latter group can derive comparable (and in some cases, identical) benefits from the bilingual treatment.

The potential value of bilingual education for special education populations, including those with communication disorders, has been widely recognized (Martinez, 1981; Rodriguez et al., 1984; Miller, 1984). Though Rodriguez et al. (p. 60)

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cautioned us to "avoid the temptation to uncritically adopt" information derived from empirical research concerning bilingual children "and apply it to bilingual/multicultural exceptional populations," they do not rule out the possibility that the children with handicapping conditions might benefit from such an exchange.

It might prove informative to examine the issues which special education practitioners, with or without bilingual education expertise, have identified as problematic to the field. The list of Rodrìguez et al. (1984) included the following (p. 56):

1. Over-representation of minority children in special education;
2. linguistically and culturally biased assessment practices;
3. impact of negative labels on the children;
4. negative teacher attitudes and expectations;
5. lack of minority personnel and systematically evaluated programs; and
6. irrelevant, inappropriate or inadequate instructional programs and materials.

Gavillàn-Torres (1981a) expressed similar concerns with respect to Hispanic children:

> There is a lack of bilingual-bicultural individuals equipped to assess, evaluate, and teach the Hispanic handicapped child. Very few standardized tools take into account linguistic and cultural differences. Schools do not have bilingual-bicultural education programs, and often misplace the limited English proficient Hispanic child in classes for the retarded or learning disabled, thus creating other learning disabilities. Inadequate labeling of these children is frequent because educators follow conceptual models that were not intended for individuals with learning problems due to cultural and linguistic differences (p. 1).

How can bilingual education programs and bilingual instruction help to alleviate the above conditions? My intent here is not to prescribe specific programs for LEP populations in communication disorders; there are a number of eminently qualified colleagues in bilingual special education who can do a better job in this respect. What I would like to point out is that even a cursory look at the list of issues identified by educators as affecting minority populations in communication disorders suggests an underlying similarity of causal factors. For example, the toplisted item—"over-representation of minority children in special education"—is directly affected by other items on the list: improper assessment practices; negative attitudes and expectations of school personnel, including teachers, counselors and assessment specialists; and lack of minority personnel in the schools.

Without attempting to deal simplistically with a very serious and complex problem, I would like to suggest that the native language and culture, plus adequate recruitment and training of personnel—in other words, the native language component, the cultural component, and the training component of bilingual education programs—must be part of the resolution of the above problems.

The Native Language Component

The native language of the students involved must be part of the final resolution for various reasons. One reason is legal. Concerned about diagnostic abuses of school-age Hispanic children such as those reported by Mercer (1973), the courts have "specified the need to identify and assess the intellectual ability of children in their native language" and have encouraged school districts "to identify and educate language-minority handicapped children appropriately" (Erickson, 1984, p. 9).

Another reason is practical. As Tikunoff (1984) has shown, in a bilingual instructional setting the native language can serve a number of functions: *evaluative* (for assessing academic achievement, intelligence, and language proficiency); *facilitative* (for mediating instruction, clarifying directions, and providing feedback); *cognitive* (for providing instruction in the content areas); and *affective* (for creating a comfortable working and learning environment). Each of these functions is of great importance, but the contribution that the native language can make to the evaluative function is crucial. Improper assessment can result in misclassifying a student as suffering from a handicapping condition when he does not, or can cause improper placement of a student that does suffer from a communication disorder. In either case the student is victimized by circumstances that could have been avoided if the assessment process had had the benefit of an understandable language or dialect.

The Cultural Component

The cultural component is no less important. Even in those instances where the L1 is taken into consideration, the absence of appropriate cultural awareness could be problematic:

> A language cannot usefully be separated from the cultural context in which it is spoken. Different cultures sometimes share a common language (e.g. Haiti and France, England and the United States). Cognitive styles in such cultures may differ widely. Though language provides a reasonable means of identifying children of linguistic minority background, the child's culture must be considered in the process of assessment or education (New Jersey Task Force on Cross-Cultural Assessment, 1980, p. 1).

Cultural knowledge can be utilized to create a comfort zone for the students, to match the students' learning styles to classroom activities, and to integrate the values and referents of the native culture into the culture of the school. Above all, the cultural component helps to foster a closer relationship between the school and the home, which in turn can aid in shaping the attitudes of the family toward the children's condition. These attitudes can play an important part in the effective delivery of services to handicapped students. If the family has a positive and accepting attitude toward the handicapping condition, assistance can be provided more readily. If the family's religious beliefs, for example, have conditioned them to think of handicaps as acts of God not to be interfered with, treatment will be almost impossible.

The Training Component

It is axiomatic that the lack of qualified personnel could render the best educational program ineffective. In the case of bilingual special education, the personnel situation has been judged critical: "Although ideally there should be enough bilingual teachers trained in special education to serve all LEP handicapped children, the fact remains that the number of bilingual persons interested in special education is limited" (Ortiz, 1981, p. 65).

But the problems relating to personnel for bilingual special education programs transcend numbers. As Grant (1984) pointed out in reference to the hearing-impaired, at times the task of turning out thoroughly competent teachers in all the required areas is overwhelming: "Thus, it would seem that the profession is in need of teachers of hearing-impaired children who have competencies as teachers, as teachers of hearing-impaired children, as teachers of children from various nonEnglish-speaking backgrounds, as teacher/counselors of hearing-impaired infants and their parents, and as teachers of children who are economically deprived" (p. 184).

Appropriate cultural training is another problem. According to Grant, most of the standards for the preparation of teachers to serve children with handicapping conditions are very explicit regarding such areas as child growth and development, learning theory, general psychology, and instructional procedures in general education. However, there is no mention of the need for competencies that sensitize teachers to the values, languages, and attitudes of minority cultures. When these skills are absent, the result can be negative attitudes and expectations on the part of the instructional and school personnel, conditions which breed misclassifications due to ignorance, outright prejudice, or other undesirable situations. An appropriate training component, such as the one contained in bilingual programs, would address the above problems.

The training component should not be designed solely for teachers and other school personnel. Traditionally, the staff development portion of bilingual programs includes parents, using them as cultural resources for the classroom and strengthening their linguistic and participatory skills. "The importance of the parental role in [the] education of Hispanic hearing-impaired children cannot be overemphasized, nor can the fact that the parents of these children can improve their parenting skills and their children's development through the assistance of professional guidance and counseling" (Grant, 1984, p. 186).

CONCLUSIONS

This analysis of the three components of bilingual education programs was not intended to prescribe specific programmatic recipes for LEP populations with communication disorders. What it does do is to help us consider the following: (a) the importance and the value of the linguistic and cultural components of bilingual education in carrying out appropriate assessment and providing services in a humane context, and (b) the benefits and value of appropriate training to the people involved in serving LEP students with communication disorders.

Let us not to make the mistake of looking upon the native language and culture of LEP individuals with communication disorders as mere ethnic frills. The foregoing discussion should have demonstrated that the native language and culture have a specific, valuable, and essential role in:

1. providing and mediating services (including assessment)
2. preserving the self-esteem of LEP individuals
3. creating a comfort zone wherein the provision of services can be effectively carried out
4. implementing the training of involved individuals that is so essential to augment the cadre of people to serve LEPs with communication disorders.

This includes creating a cultural awareness among service providers (teachers, counselors, other specialists, and managers) which will alleviate knee-jerk reactions to cultural and linguistic minorities.

Native language and culture training to service personnel can help improve the attitudes and expectations they might have toward LEPs with communication disorders, and thus short-circuit the self-fulfilling prophecy. Likewise, parental training is essential to better service delivery. I know that in Puerto Rican culture family attitudes toward communication disorders can vary from healthy acceptance to total rejection of the affected child. Positive attitudes usually lead the family to seek the help of professionals and cooperate fully in the delivery of services. One Puerto Rican family of my acquaintance with two deaf girls relocated from the island to Northern Virginia to enroll the girls at Gallaudet College, but these parents are probably the exception. Other more common cases range from total ignorance of the conditions surrounding communication disorders, to unconscious ridicule of the victim, to an attitude of resignation and inaction: "Que sea lo que Dios quiera" (God's will be done.).

We professionals have a responsibility to see that parents possess an awareness about communication disorders, know about ways to detect early signs of disorders, and acquire skills to help the specialists treat and service their children.

If we make intelligent and effective use of those features of bilingual education and bilingual instruction described above, we can take giant strides toward alleviating the problems of over-representation of minority children in special education, biased assessment practices, negative labels on children, and negative teacher attitudes and expectations. If we make use of the native language and culture and provide adequate training opportunities, we can go a long way toward providing the most effective and humane services possible to LEP populations with communication disorders.

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Chapter 13

SICKLE-CELL ANEMIA AND HEARING LOSS

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The main purpose of this presentation is to examine critically the relationship between sickle-cell anemia, and its variants, and transient or permanent hearing loss. Recent case studies have shown that individual Blacks exhibit a peripheral hearing loss during a sickle-cell crisis, and in one instance during periods of deoxygenation. Other investigations have assessed auditory function, peripherally and/or centrally, in people with sickle-cell anemia as compared to a control group with normal hemoglobin.

Sickle-cell anemia was first discovered in 1910 by James B. Herrick who reported an abnormal blood condition characterized by sickle-shaped cells in a young Black college student from the West Indies. This blood disease is the result of a hereditary abnormality of the hemoglobin molecule (designated hemoglobin S) found in the red blood cells. Hemoglobin contains a red pigment which gives blood its characteristic color; its function is to bind oxygen to be carried throughout the body. Once oxygen is removed from this abnormal hemoglobin, a process begins whereby the shape of the normal red blood cell is deformed (i.e., becomes sickle-shaped). When red blood cells become sickled, they lose their normal rubbery, pliable form, and have difficulty circulating within the capillaries of the body. In addition, sickled red blood cells do not survive in the body as long as normal red blood cells survive, leading to a lower total number of red blood cells circulating within the body.

Since one of the clinical manifestations of sickle-cell anemia is that sickle-shaped cells tend to occlude smaller veins and capillaries, it is not surprising to learn that this medical complication can affect the capillary bed of the stria vascularis and subsequently the blood supply to the cochlea (Marcus & Lee, 1976). In addition, neurological manifestations are frequent in sickle-cell anemia. The exact incidence of CNS involvement in sickle-cell anemia, however, is unknown. A review of the literature on sickle cell reveals incidence figures that range from 4% to 40% (Sarnaik, Soorya, Kim, Ravindranath, & Lusher, 1979). While it was previously believed that CNS involvement in sickle-cell anemia was due primarily to small vessel obstruction, angiographic studies reveal patients with partial or complete occlusion of such major intracranial vessels as the internal carotid, middle, and anterior cerebral arteries. The process of occlusion of these arteries appears to be progressive (Barnhart, Henry, & Lusher, 1974). Thus, peripheral and central auditory pathways may also be affected by sickle-cell anemia.

SICKLE-CELL DISEASE

Sickle-cell disease is, indeed, recognized as a world-health problem predominantly affecting Blacks in the United States, Africa, and the Caribbean, and to a lesser extent Latins, and selected populations generally adjacent to the Mediterranean Sea and Indian Ocean. It must be understood that gene expression and the course of the disease are variable, due to the interaction of inheritance and environmental factors.

The term *sickle-cell disease* is used to encompass sickle-cell anemia, sickle-cell variants, and sickle-cell trait. The sickle-cell gene offers protection against malarial infestation, such that mortality from malaria is higher in subjects without the sickle-cell trait (Barnhart et al., 1974). As such, people with sickle-cell anemia would die from the disease, while those with normal hemoglobin would die from malaria. For this reason the sickle-cell gene has remained in the gene pool. Sickle-cell anemia specifically is a homozygous state of sickle-cell genes (Hb SS), and is estimated to occur in 0.3%–1.3% of American Blacks (Lin-Fu, 1972). That is, one in every 400 to 600 American Black children has sickle-cell anemia. Sickle-cell anemia is characterized by a chronic hemolytic anemia, recurrent attacks of pain, frequent bacterial infections, gradual deterioration of tissue and organ function, and a shortened life expectancy. Small blood vessels supplying various organs and tissues can be partially or completely blocked by sickled red blood cells, thus interfering with normal circulation leading to ischemia, pain, necrosis, and dysfunction, as well as permanent tissue or organ damage (Barnhart et al., 1974).

Sickle-cell trait (Hb AS) is a genetic heterozygous condition and accounts for approximately 8% of all sickle-cell disease (Marcus & Lee, 1976). A person with sickle-cell trait is perfectly healthy. Under extreme conditions of exercise and high altitude, red blood cells may sickle in a person with the trait, leading temporarily to symptoms characteristic of those with sickle-cell anemia.

Sickle-cell variants are a double heterozygous state, representing the simultaneous occurrence of the sickle-cell gene and the gene responsible for other hemoglobins or hereditary blood diseases. The most common sickle-cell variants among American Blacks are sickle-cell hemoglobin C disease (Hb SC) and sickle-cell thalassemia (Hb S-thal) with prevalence rates of 0.06% to 0.25% and 0.1% to 0.13%, respectively (Marcus & Lee, 1976). Persons with sickle-cell hemoglobin C disease may have painful crises like those with sickle-cell anemia, but the disease is generally less severe than sickle-cell anemia. Some people may develop serious bone problems. People with sickle-cell thalassemia have a moderate-to-severe anemia and clinical manifestations somewhat similar to that of sickle-cell anemia.

CRITICAL REVIEW OF THE LITERATURE

The following is a review of the studies examining the relationship between sickle-cell anemia and hearing loss (see Tables 1 and 2).

Only one investigation has examined the histopathological changes in the temporal bone that can result as a consequence of sickle-cell anemia. It is also the earliest study describing the relationship between sickle-cell anemia and hearing loss. Morgenstein and Manace (1969) examined the pathological changes in the temporal bone of a 10-year-old Puerto Rican male with chronic sickle-cell anemia and a known mild-to-moderate bilateral sensorineural hearing loss. The examination revealed absent or abnormal inner and outer hair cells and strial vessels engorged with sickled cells. Throughout the temporal bone there was a generalized clumping of sickled cells in the venous and capillary channels. The strial changes were consistent with ischemia, while the hair cell damage was consistent with hypoxia. Middle-ear ossicles showed bone resorption. It is almost superfluous to note that more histopathological studies are needed if we expect to develop a better understanding of this disease.

A few studies have detailed sudden hearing losses in individuals with sickle-cell anemia. Urban (1973) reported on a 20-year-old Black male in a semicomatose state due to a sickle-cell crisis who regained consciousness with a severe sensorineural hearing loss bilaterally. He had no (reported) previous history of hearing loss. Eleven days following the crisis there was a significant improvement in hearing. By day 46 pure-tone thresholds were within normal limits in the left ear and he exhibited a mild hearing loss in the right ear. The speech recognition score, however, was poor (68%) in the right ear given the mildness of the hearing loss.

In 1977, Orchik and Dunn described a similar case of hearing loss following a sickle-cell crisis. An 18-year-old Black male had no measurable hearing in the right ear and a profound hearing loss in the left ear 2 weeks after admission to a hospital for sickle-cell crisis. Subsequent audiograms revealed no measurable hearing in the right ear and a severe sensorineural hearing loss in the left ear. In another study, Marcus and Lee (1976) found evidence of hearing loss in a variant of sickle-cell anemia, sickle-cell thalassemia. They reported on a Black family of four sisters, two of whom had sickle-cell thalassemia, one who had sickle-cell trait, and one who had normal hemoglobin. Of the two sisters with sickle-cell thalassemia, one had auditory and vestibular symptoms following exercise, while the other sister only had vestibular symptoms. The sister with sickle-cell trait had mild dizziness following exercise. When first seen, the sister with auditory symptoms had a severe sensorineural hearing loss in the left ear. She subsequently developed a sudden, almost identical loss in the right ear.

These studies have limited applicability since they involve only single subjects, and there is little documentation of previous hearing history in the two cases of hearing loss post-sickle cell crisis. The main conclusion to be drawn from these studies is that sickle-cell anemia, or thalassemia, can lead to a (transitory) vascular occlusion of stria vascularis, thus causing a loss of nutrition to the hair cells and a hearing loss (Marcus & Lee, 1976; Urban, 1973). This process is reversible in some cases. The whole process is similar to what can occur in a vas-

TABLE 1. Summary of case reports on hearing loss and sickle-cell disease.

Investigator(s)	*Year*	*No. of subjects*	*Age in years*	*Disease*	*Tests*	*Results*
Morganstein & Manace	1969	1	10	Sickle-cell anemia	*	Mild-to-moderate S/N bilateral hearing loss. Absent or missing inner and outer hair cells, strial vessels engorged with sickled cells, and middle-ear ossicles showed bone resorption.
Urban	1973	1	20	Sickle-cell anemia	Pure-tone thresholds SRT Speech recognition	Severe S/N hearing loss bilateral postsickle-cell crisis. By day 46 post-crisis PTA-15 dB in left ear and PTA-39 dB in right ear with a 68% speech recognition score.
Marcus & Lee	1976	4	11-19	Sickle-cell thalassemia (2) and sickle-cell trait (1)	Pure-tone thresholds SRT Speech recognition Bekesey	One sister with sickle-cell thalassemia had severe S/N hearing loss in left ear, subsequently developing sudden almost identical loss in right ear.
Orchik & Dunn	1977	1	18	Sickle-cell anemia	Pure-tone thresholds SRT Speech recognition Impedance	No measurable hearing in right ear and profound hearing loss in left ear postsickle-cell crisis. Subsequently, still had no measurable hearing in right ear and severe loss in left ear (SRT = 70 dB, Speech recognition = 0%).

*Histopathological study

TABLE 2. Summary of larger studies on hearing loss and sickle-cell disease.

Investigator(s)	*Year*	*No. of subjects*	*Age in years*	*Disease*	*Tests*	*Results*
Todd, Sergeant, & Larson	1973	83	10–39	Sickle-cell anemia	Pure-tone thresholds	*22% (18) of sickle-cell group had S/N hearing loss. 4% (3) of control group had S/N hearing loss.
Sergeant, Norman, and Todd	1975	32		Sickle-cell anemia	Radiographic measurements	Narrowing of internal auditory canal not responsible for hearing loss found in sickle-cell anemia.
Sharp & Orchik	1978	9	6–28	Sickle-cell anemia (8) and sickle-cell hemoglobin C disease (1)	Pure-tone thresholds SRT Speech recognition Impedance Time-compressed speech	One subject had unilateral high frequency S/N hearing loss. Elevated or absent acoustic reflex thresholds and depressed time-compressed recognition scores suggest reduced neural function.
Friedman, Luban, Herer, & Williams	1980	43	7–18	Sickle-cell anemia	Pure-tone thresholds Impedance	*12% (5) of sickle-cell groups exhibited mild unilateral or bilateral high frequency S/N hearing loss. 3 out of the 5 children had history of cerebral vascular accidents. 0% hearing loss in control group.
Forman-Franco, Karayalcin, Mandel, & Abramson	1982	54	Mean of 12	Sickle-cell anemia	Pure-tone thresholds SRT Speech recognition Impedance SSW	**3.7% of sickle-cell group had S/N hearing loss and 7.4% (4) had conductive loss. None of controls had hearing loss. 46% (13) of sickle-cell group scored in mild category on SSW, while 4% (1) of control group scored in mild category.

*S/N hearing loss defined as at least a 25 dB (re: ISO, 1964) deficit in one or more frequencies.
**S/N hearing loss defined as air conduction thresholds for 2 or more frequencies, regardless of ear, exceeding 25 dB HL.

ospasm of the internal auditory artery, a complication that is known to lead to a sudden hearing loss.

In 1973, Todd, Sergeant, and Larson obtained pure-tone thresholds on 83 Jamaicans aged 10 to 39 years with sickle-cell anemia, and compared those results with an appropriate control group. Twenty-two percent of the sickle-cell group as compared to 4% of the control group had a sensorineural hearing loss in at least one ear. A sensorineural hearing loss was defined as at least a 25 dB deficit in one or more frequencies (re: ISO, 1964). Indeed, such a definition of hearing loss that includes only one frequency is rather unusual and must be considered as a "broad" definition. In a follow-up study, Sergeant, Norman, and Todd (1975) reviewed radiographic measurements of the internal auditory canals of 32 homozygous sickle-cell subjects, concluding that narrowing of the internal auditory canal was not responsible for the sensorineural hearing loss found in sickle-cell anemia. They suggested that hearing loss is due to sickling and subsequent occlusion of the cochlear venous system.

Sharp and Orchik (1978) assessed the auditory function of nine Black subjects with sickle-cell disease (8 Hb SS and 1 Hb SC), and compared the results to a control population. Eight of the sickle-cell subjects had hearing within normal limits at 500 through 8000 Hz and normal speech recognition bilaterally, while one subject had a unilateral high frequency, sensorineural hearing loss. Some suggestion of reduced neural function was observed in terms of elevated acoustic reflex thresholds and depressed time-compressed speech recognition scores. Although the subject sample was small, efforts were made to administer a variety of peripheral and central auditory tests to determine more precisely the effects of sickle-cell disease on the auditory system. Attempts were also made to categorize the subjects according to the number, duration, and severity of the crisis episodes. Interestingly, the investigators were unable to draw any conclusion concerning the relationship between severity of sickle-cell anemia and audiologic manifestations.

Friedman, Luban, Herer, and Williams (1980) examined 43 patients aged 7 to 18 years with sickle-cell anemia and 23 age-matched controls. Both groups received otologic and audiological examinations. Five of the sickle-cell subjects, or 12% of the total sample, exhibited a mild unilateral or bilateral high frequency sensorineural hearing loss. Three of the five children had a history of cerebral vascular accidents of varying severity and possible CNS involvement. No evidence was found that as sickle-cell anemia subjects grow older and experience repeated crises that the incidence of hearing loss increases. The severity of the disease in each patient, however, was unknown. Hearing loss could be due more to the severity of the disease, and thus to the total number of crises, rather than to a person's age alone.

The most recent study on sickle-cell anemia and hearing was conducted by Forman-Franco, Karayalcin, Mandel, and Abramson (1982). They examined 54 children (mean age of 12 years) with sickle-cell anemia and a control group of 30 children matched for age, sex, and race. The severity of the anemia ranged from mild to severe. Peripheral auditory function, utilizing pure-tone thresholds, speech-reception thresholds, speech recognition, and impedance, was examined in all subjects, while central auditory function, utilizing the Staggered Spondaic Word (SSW) test-list EC, was examined in 28 of the sickle cell and 26 of the normal children. Questionnaires were utilized along with a review of the patients' medical records. Other possible causes for any hearing loss found in the sickle-cell anemia patients needed to be ruled out.

Peripheral hearing loss was defined as air conduction thresholds for two or more frequencies, regardless of ear, exceeding 25 dB HL. Mean hearing thresholds were determined for both ears at octave intervals between 250 and 8000 Hz. They ranged from 10 to 15 dB for the right ear and 11 to 15 dB for the left ear in the sickle-cell group. In the control group the hearing thresholds ranged from 8 to 10 dB for the right ear and 6 to 10 dB for the left. Though mean pure-tone thresholds were within normal limits in both groups, the mean thresholds of the sickle-cell group were somewhat depressed. However, there was no statistically significant difference between the mean pure-tone thresholds for the two groups. Peripheral hearing loss was found in 11% (6) of the sickle-cell population and in none of the control population. The peripheral hearing losses included one severe monaural hearing loss 250 through 8000 Hz, one bilateral severe sensorineural hearing loss 1000 through 8000 Hz, and four mild-to-moderate conductive hearing losses. In reality, peripheral sensorineural hearing loss was found in only 3.7% of the sickle-cell subjects, a much lower percentage than found in earlier studies. Mean acoustic reflex thresholds for 500 through 4000 Hz ranged from 92.2 to 96.2 dB for the right ear and 93.3 to 96.7 dB for the left ear in the sickle-cell group, while mean reflex thresholds in the control group ranged from 92.0 to 97.0 dB for the right ear and 92.3 to 96.8 dB for the left ear. The mean reflex thresholds were within normal limits for both groups and no statistically significant differences were found.

The most interesting finding in this study was the number of subjects with abnormal Staggered Spondaic Word (SSW) test scores. Thirteen (46%) of the sickle-cell subjects scored in the mild category for the corrected-SSW total ear condition, while only 1 (4%) of the control subjects scored in the mild category. For the sickle-cell subjects the error scores on the C-SSW scores ranged from 0 to 8% with a mean of 2.6%. There was a statistically significant difference in mean C-SSW scores between the two groups. Of the 13 sickle-cell subjects who demonstrated mild central auditory dysfunction (with no involvement of Heschl's gyrus), 8 were classified as having a mild form of sickle-cell anemia and 5 as having a moderate form. None of the severely impaired sickle-cell subjects showed any central auditory dysfunction. As the authors stated, these results would suggest that there is no correlation between the severity of sickle-cell anemia and the incidence of central auditory dysfunction. The authors, however, fail to discuss the relationship between those subjects with a previous history of CNS involvement and those with mild central auditory dysfunction. One other fact worth noting is that three subjects were evaluated while in sickle-cell crises. There were no differences in test results during a crisis versus during a steady state. The major crises areas, however, were in the extremities. Thus, the blood supply to the cochlea might not have been affected during the sickle-cell crises, so hearing thresholds would remain essentially the same.

The Forman-Franco et al. (1982) study is an excellent example of the kind of investigation that needs to be conducted in an effort to delineate the relationship between sickle-cell anemia and hearing loss. A variety of peripheral auditory tests were administered to the sickle-cell subjects along with a central auditory test. The use of questionnaires and medical records helped to eliminate other possible causes for any hearing loss found in sickle-cell anemia patients before attributing a higher incidence of sensorineural hearing loss with sickle-cell anemia.

Considering the vasoocclusive nature of sickle-cell anemia the potential for auditory involvement is not unexpected. It is surprising, however, that more evidence of hearing loss has been found. There are reports of individuals under extreme physiological stress due to sickle-cell anemia who suffer severe to profound sensorineural hearing losses with partial or complete recovery of their hearing in some cases. These reactions are similar to what happens due to a vasospasm of the internal auditory artery. Studies with larger samples of sickle-cell patients show prevalence rates of sensorineural hearing loss associated with sickle-cell anemia from 4% to 22% (Forman-Franco et al., 1982; Friedman et al., 1980; Sharp & Orchik, 1978; Todd et al., 1973). The later studies (Forman-Franco et al., 1982; Friedman et al. 1980) show the lower incidence rates. Perhaps pure-tone hearing tests are not sensitive enough to detect cochlear damage produced by sickle-cell disease. In addition, poor speech recognition scores, poor time-compressed speech recognition scores, and abnormal SSW test scores all suggest possible CNS dysfunction in sickle cell anemia. Since I have reviewed and critiqued previous research on sickle-cell anemia and hearing loss, it seems only appropriate for me to touch on the future directions of such research.

FUTURE DIRECTIONS

As noted earlier, there is an important need for more histopathological research. It must be determined if the damage found by Morgenstein and Manace (1969) in the temporal bone of a sickle-cell anemia patient is common among other sickle-cell anemia sufferers. In addition, the role of bone resorption of middle-ear ossicles in conductive hearing losses in those with sickle-cell anemia needs to be determined.

Further investigation of peripheral sensorineural hearing loss in sickle-cell anemia also seems warranted, especially in terms of the correlation between the number, duration, and severity of crisis episodes and the audiologic manifestations in sickle-cell anemia (Sharp & Orchik, 1978). Crisis episodes need to be exactly specified for each patient, while extensive questionnaires and medical histories are needed to rule out other causes of any hearing losses discovered. Not only does a peripheral auditory test battery need to be administered to sickle-cell subjects, but a central auditory test battery should also be administered. Investigations may show that, in general, the peripheral auditory system is resistant to vasoocclusive trauma, as in the case of the visual system (in sickle-cell anemia).[1] A variety of tests, such as distorted speech tests or evoked potentials, may be needed to discover the true effects of sickle-cell anemia on the auditory system. An appropriate and consistent definition of hearing loss, such as the one recommended by the American Speech-Language-Hearing Association, must also be utilized in all studies.

More information also needs to be gathered on how sickle-cell anemia affects hearing both during the steady state and during crises. Finally, instead of being limited to comparative correlational designs, investigators can make use of a within-subject design, in which a longitudinal study is done with a large group of sickle-cell anemia patients.

SUMMARY AND CONCLUSION

To summarize, sickle-cell disease is recognized as a world-health problem predominantly affecting Blacks in the United States, Africa, and the Caribbean. In the United States one out of every 400 to 600 Black children has sickle-cell anemia. Studies of the relationship between sickle-cell anemia and hearing loss have been lacking with only one histopathological study and many other studies deficient in experiment design. Yet, studies should continue to differentiate between subjects with sickle-cell anemia, sickle cell hemoglobin C disease, and sickle-cell thalassemia. Each group may show a different effect of their particular sickle-cell disease upon the auditory system. Hopefully, future investigations will define the exact nature of the relationship between sickle-cell anemia and hearing loss (i.e., there may or may not be a relationship between the two, even though the theory of vascular dysfunction supports the potential for hearing loss).

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APPENDIX

Definitions

1. Hemolysis: the alteration, dissolution, or destruction of red blood cells in such a way that hemoglobin is released into the medium in which cells are suspended.
2. Ischemia: Local anemia due to the mechanical obstruction (arterial narrowing) of the blood supply.
3. Stasis: Stagnation of the blood or other fluids.
4. Infarction: Necrotic changes resulting from the obstruction of an end artery.
5. Hypoxia: Decreased amount of oxygen in the organs and tissues.
6. Hypoxemia: Subnormal content of oxygen in arterial blood.
7. Thrombosis: The formation or presence of a thrombus (clot in a blood vessel or in a cavity of the heart).

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[1] A variety of ophthalmologic abnormalities may occur in sickle-cell disease due to sickling, stasis, and occlusion of small blood vessels. The end results could be decreased visual acuity or even blindness. Yet, the most characteristic retinal changes in sickle-cell anemia are circular, black chorioretinal scars ("black sunbursts"), probably resulting from small infarcts or hemorrhages. Their presence does not ordinarily affect visual acuity (Barnhart et al., 1974).

Chapter 14

VERBAL COMMUNICATION OF MINORITY ADOLESCENT MOTHERS

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Do adolescent parents provide adequate levels of verbal communication to their infants? This question has been debated widely in recent years (Clark, 1982; Epstein, 1979; Levine, Coll, & Old, 1985; Osofsky & Osofsky, 1970). Much of the interest in this issue has resulted from the increasing numbers of this group. In addition, among these adolescent mothers, there is a marked increase in pregnancies among those 15 years and under.

Adolescent pregnancies occur at the approximate rate of 1,000,000 per year in the United States (The Alan Guttmacher Institute, 1976). This estimate is believed to be one of the highest incidence figures for adolescent childbearing in the world (Draper World Population Report, 1975). While some have described this pattern as an epidemic, others, both within and without the field of human sexuality, have questioned this assertion (Chilman, 1977; Eddinger & Forbush, 1977; Furstenburg, 1976; Kasun, 1978). Of the 1,000,000 annual adolescent pregnancies, approximately 600,000 result in births (The Alan Guttmacher Institute, 1976). The remaining 400,000 pregnancies are terminated due to miscarriages and spontaneous or induced abortions. Although this issue is not a new one, its importance as a social problem has increased (Height, 1985).

Moore, Hofferth, Wertheimer, Waite, and Caldwell (1981) noted that the proportion of adolescent mothers has increased significantly since the 1950s. At that time adolescent mothers accounted for 11% of all births and 20% of first-time births. By 1978, 17% of all births and 31% of all first-time births occurred to adolescent mothers. Thus, at a time when the birthrate in the general population has declined, the proportion of adolescent mothers has accelerated (Height, 1985; Moore et al., 1981). Furthermore, the sharp increase in the number of births at very young ages, 15 years and under, has been a source of concern among health practitioners, educators, and legislators. This phenomenon, often referred to as a *child having a child* (Auletta, 1984; Height, 1985), has been the focus of considerable interest. It is estimated that approximately 30,000 individuals, 15 years and under become expectant parents annually (Ivey, 1979). The Family Impact Seminar (George Washington University's Institute for Educational Leadership, 1977) projected a 20% increase in this group of adolescent mothers during 1984 (Ivey, 1979).

The adolescent mother is at risk for a variety of social, medical, educational, and economic problems which affect both the infant and the adolescent mother (Chilman, 1970; Furstenburg, 1976; Gussow, 1975; Howard & Anderson, 1978). For example, offspring of adolescent mothers are at risk for developmental delays, learning disabilities, and physical neglect and abuse (Altemeier, Vietze, Sherrod, Sandler, Falsey, & O'Connor, 1979; Badger, Elsass, & Sutherland, 1974; Gussow, 1975; Zinkus & Gottlieb, 1979). Often the birth of the child results in a cessation of the adolescent parent's schooling and a long-term dependency on family and/or public assistance, in order to meet the financial obligations associated with early childbearing (Furstenburg, 1976). In addition, the adolescent mother is at risk for subsequent pregnancies and complications from such health problems as toxemia. These risks increase in magnitude with each subsequent pregnancy (Gussow, 1975).

The initial tasks of parenting, including the establishment of feeding and care routines for the totally dependent infant, have been described as a transitional period for first-time mature mothers (Rossi, 1966). In this process, which is filled with both joy and stress, there is the necessity for abrupt change. During this period the mother immediately assumes a 24-hour responsibility for meeting the infant's physical, psychological, cognitive, and social needs. In addition to the abruptness of this role, the limited preparation for parenthood prior to marriage and during pregnancy, and the absence of a widely accepted set of guidelines for effective parenting, contribute to the new mother's feelings of stress (Rossi, 1966). While most mature mothers adjust to this transition with little difficulty, some experience sufficient anxiety to require counseling and/or involvement in parent support groups (Personal communication, L. Wandersman, July, 1977).

Benedek (1959) asserted that parenthood is a phase of normal development for mature adults. In this developmental stage, the mother is seen as a giver and a receiver. As a giver, she satisfies the infant's physical, social, psychological, and cognitive needs. As a receiver, the mother gains feelings of reinforcement and confidence if she perceives that she is successful in her parenting role—as shown in a happy, responsive infant. Likewise, the mature mother may experience frustration or despair—if it is felt that she is unable to meet the infant's needs. It is well known that both the infant and the caregiver mutually influence each other during communication acts (Lamb, 1977). Hence, if the infant's response is one that is characterized by crying and irritability, the mother may alter the approach to caregiving, including efforts to communicate with the child. The caregiver's and child's ability to influence each other during communication acts has been supported in studies conducted in the United States as well as Guatemala (Klein, Lasky, Yarbrough, Habicht, & Sellers, 1977). Due to the potential for maladaptive caregiving responses among mature first-time mothers, there is concern that the adolescent mother may be developmentally ill-suited to assume this role, during a time when personality is continuing to develop.

The purpose of this position paper is to show how the problem of adolescent pregnancies impacts upon minority adolescent parents' use of verbal communication. A secondary purpose is to provide recommendations for research and treatment strategies for this population by speech-language pathologists.

VERBAL COMMUNICATION OF ADOLESCENT MOTHERS

Verbal communication, as a means of enhancing the infant's cognitive and social development, has been described as limited among adolescent parents and their children (Osofsky & Osofsky, 1970; Sandler, Vietze, & O'Connor, 1981). This sparsity has been reported repeatedly, despite the fact that adolescent parents' nonverbal communication has been judged to be characterized by warmth (Osofsky & Osofsky, 1970).

Studies have shown that adolescent parents are lacking in specific knowledge about child development and use of appropriate verbal interactional strategies (de Lissovoy, 1973; Epstein, 1979; Gutelius, 1970). In a 3-year study of 48 White adolescent couples in central Pennsylvania, de Lissovoy (1973) used self-ratings, clinical notes, and objective tests to measure parental knowledge. Although de Lissovoy acknowledged that these rural working class subjects were not a representative sample, he found that these parents were ill-equipped to be parents. More specifically, he reported that the parents were irritable, insensitive, lacked knowledge about child development, and were unreasonable in their expectations. Similar findings have been reported in other studies involving more representative groups of adolescent parents (Epstein, 1979; Field, Widmayer, Stringer, & Ignatoff, 1980; Hestick, 1982; Yong, 1981).

Why is early verbal communication so crucial to the growing infant? Several investigators (Clarke-Stewart, 1977; Epstein, 1979; Nelson, 1973; Olim, 1970) have noted the importance of an adult's verbal interaction in fostering the overall development of a child. The verbal interaction of mothers and fathers has been shown to be important in the promotion of social and cognitive skills (Blount & Padgug, 1976). Especially significant and predictive of school achievement are verbal strategies that provide the child with information and the ability to respond to questions (Cowan, 1978; Epstein, 1979).

The first years of life constitute an important language-learning period (Bruner, 1977). During this time, the infant learns to communicate through successive interactions with the caregiver. The child's ability to participate as a conversational partner is believed to originate in these early interactions, which are initiated immediately following birth (Bruner, 1977). Through repeated interactions the infant learns the meaning of the verbal symbols and events within the child's daily experiences. In addition, the infant learns turntaking during these interactions. Later the infant begins to produce words that represent familiar objects and events. Moerk (1976) concluded that mothers actively teach all aspects of communication during daily interactions with their children. Imitations or repetitions of the child's utterances and expansions have been found to facilitate language growth in young children (Newhoff & Millet, 1979). Further, Moerk (1980) found a direct correlation between the number of times mothers used particular words and the child's production of these words. That is, words that were used most frequently by mothers were produced earlier by the children. Therefore, since it is widely agreed that mothers and other caregivers play a pivotal role in the child's development and mastery of language, there is interest in the effects of the adolescent mothers' reduced verbal stimulation of her infant.

The current characterization of the adolescent mother as a sparse verbal communicator is puzzling when viewed from a normal communication perspective. To explain this perplexity, it is helpful to review several topics concerned with communication and its development. These include the characteristics of caregivers' talk, the influence of education on the caregivers' use of verbal interaction, the relationship between attitudes and use of verbal communication, and the effect of age of the speaker on the use of "Motherese" (a special register for communicating to young children).

Characteristics of Caregivers' Talk

Recent investigations of mother-child verbal interaction in Western societies have resulted in a universal description of caregiver's talk (Snow & Ratner, 1984). This description includes the use of short utterances which are varied syntactically. These utterances have fewer pronouns, and fewer grammatical inflections and clauses than adult communication. Questions, however, are used frequently (Broen, 1972; Newport, Gleitman, & Gleitman, 1977; Phillips, 1973; Sachs & Devin, 1977; Snow, 1972). In addition, the semantic features of caregivers' talk include concrete or "here and now" topics, and vocabulary that is centered around the child and the child's world, such as the child's actions, family members, toys, and games (Clark, 1982; Field, 1979; Nelson, 1973). Finally, the characteristics of caregivers' talk include varied prosodic features of high pitch (Ferguson, 1977), slower rate (Clark, 1982; Remick, 1975), and whispered or "sing-song" type speech (Blount & Padgug, 1977; Clark, 1982). These characteristics, termed ***Motherese*** (Newport, Gleitman, & Gleitman, 1977) or ***Baby Talk*** (Ferguson, 1977), denote the use of a simplified type of verbiage that is appropriate for language-learning children (Broen, 1972). Furthermore, these characteristics have been shown to be consistent among most caregivers, including males (Golinkoff & Ames, 1979) and children as young as 3 years of age (Sachs & Devin, 1976). Since preschoolers even modify their talking when communicating with babies, it remains intriguing that most studies of adolescent mothers' verbal interaction conclude that the communication is sparse.

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EDUCATIONAL/SOCIOECONOMIC BACKGROUND

The portrayal that adolescent mothers infrequently interact verbally with their children is inappropriate when one examines the research concerned with mother-child interaction. In a study of mother-child interaction, Schachter (1979) found that educational and socioeconomic background may be a predictor of verbal expression. For example, educated mothers, irrespective of race, engaged in approximately two times as much verbal interaction as mothers with less education. In addition, Cohen and Beckwith (1976) found that higher-educated mothers used more positive language and talked more often than lesser-educated mothers. Since educational/socioeconomic level seems to be a predictor of mothers' verbal output, it may be that the reported sparsity of adolescent mothers' communication is related to educational/socioeconomic level.

Little is known about differences in the adolescent mothers' communication styles and the relationship of this communication on the childrearing approach used by these mothers. Further, there is limited information on the long-term effects of this communication on the child's development. Epstein (1980) found that the adolescent mothers in her home-based interactional study used three styles of communication. These interactional styles included no talking, directing, and sharing. Epstein concluded that the nonverbal type of communication was observed most often by the adolescent mothers in her study.

Field and Pawlby (1980) found significant differences between American working and middle-class mother-infant dyads in their use of verbal or distal communication and their use of proximal or nonverbal communication. Field and Pawlby cautioned that researchers involved in mother-infant interaction must consider the importance of the cultural context when studying and interpreting parent child interactional data. The implication of Field and Pawlby's (1980) findings for minority adolescent parents is that examinations of the cultural contexts of these young parents should include an analysis of other caregivers' communication on the children's development. Such an analysis should provide more information about the long-range effects of this communication on the adolescent parent's child.

The majority of adolescent mothers originate from a lower socioeconomic background. However, adolescent mothers are routinely viewed as low verbal communicators, despite the variation of socioeconomic backgrounds in such studies as Epstein's (1979) and studies in which socioeconomic level was held constant (Honig, 1978; Gutelius, 1970). Clark's (1982) study, in which 18 adolescent mothers of lower socioeconomic backgrounds as determined by parental occupation communicated with their 3- to 18-month-old infants, is a notable exception. These adolescent mothers used speech characteristics similar to those of mature mothers described previously in the literature (Snow, 1972).

Specifically, adolescent mothers in Clark's (1982) study talked about "here and now" topics including the child, the child's body parts, toys and games. The mean length of utterance (MLU) in words was 2.77 (*SD* = .62). This MLU is within the range of 1.92 to 5.00 words reported for children of similar age, in studies by Phillips (1973), Sherrod, Friedman, Crawley, Drake, and Devieux (1977) and Snow (1977). Also, these young mothers used many questions, imperatives, and repetitions. The type-token ratio (TTR) was .42 (*SD* = .07) which compares favorably to the TTR data presented by Phillips (1973). Finally, varied prosodic features were used by these mothers as they communicated with their children. High-pitched voice, whispered speech, exaggerated timing, and singing-type speech were characteristics of the adolescent mothers' prosodic features.

Attitudes

Gutelius (1970) and Honig (1978) stated that the adolescent parent's reduced use of verbal interaction may be based on a fear of spoiling the infant through talking. It is widely recognized that attitudes can influence the manner in which older mothers interact with their children (Bingham, 1971; Tulkin & Cohler, 1973; Tulkin & Kagan, 1972). For instance, Bingham (1971) found that prelingual infants can elicit simplified language from adults who believe that the infant is competent and is aware that communication is occurring between the infant and speaker.

Calculator and Adams (1983) found that even though some mothers object to the concept of the use of simplified communication or *Motherese*, these same mothers tend to modify their speech when communicating with young children. While a positive relationship between attitude and verbal communication in older mothers has been reported in the literature, the results of available studies regarding such a link with adolescent mothers are mixed. For example, some researchers (Glimps, 1979; McLaughlin, Sandler, Sherrod, Vietze, & O'Connor, 1979) did not find age differences between older and younger mothers' attitudes toward verbal interaction. Age differences were found by Clark (1982), however, in an investigation of adolescent parenting attitudes and use of verbal communication. Although adolescent mothers, as a group, did not believe that talking would spoil the infant, Clark found that older adolescent mothers consistently expressed healthier attitudes on the Adolescent/Adult Parenting Inventory (Bavolek, Kline, McLaughlin, & Publicover, 1977) as compared to younger adolescent mothers. Yong (1981), in an investigation of adolescent mothers' knowledge and attitudes toward parenting and verbal communication, concluded that increased knowledge of parenting was associated with increased amounts of communication. A similar finding was reported by Hestick (1982). Since the results of the above cited studies on attitudes are mixed, additional studies are needed to verify the relationship between attitudes and use of communication with adolescent parents.

Effect of Setting and Task

The description of the adolescent mother as primarily a nonverbal communicator is an interesting assertion since there are few detailed investigations of this interaction in the literature. Of those studies reported (Clark, 1982; Epstein, 1979; Field et al., 1980; Field, Greenberg, & Stoller, 1982; Glimps, 1979; Gutelius, 1970; Hestick, 1982; Keen, 1979; McAnarney, Lawrence, Aten, & Iker, 1984; McLaughlin et al., 1979; Osofsky & Osofsky, 1970; Sandler et al., 1981; Stevens & Duffield, 1983; Thormann, 1982), some were conducted in homes (Epstein, 1979) or hospitals during a caregiving act (McLaughlin et al., 1979; Sandler et al., 1981). Levine et al. (1985) study was conducted in a laboratory and required mothers to interact in teaching and face-to-face interaction.

According to Snow (1977), caregivers' use of language is influenced by the tasks in which the caregiver and child are involved. Snow found a hierarchy of tasks which influenced mothers' use of complex speech. First, caregivers' speech is most complex in book-reading tasks. Snow hypothesized that the pictures within the book may allow for a greater elaboration of the context. Second, in free situations such as play, caregivers produce the next highest level of complex speech. Finally, in caretaking tasks, such as diapering, feeding, bathing, and eating, Snow found that adult mothers used sparse communication. Snow stated that the caregiver's desire to communicate efficiently with the infant (during caretaking acts) may account for the use of less elaborate speech.

It has also been observed that the communication setting has an effect on the quality and quantity of the interaction (Schachter, 1979; Scott & Taylor, 1978). Specifically, Schachter noted that speech is most complex in home settings. Scott and Taylor (1978) found that language sampling in clinical settings is likely to promote descriptions of related or on-going activity. These authors also found that language sampling in home settings stimulated more complex utterances, a higher incidence of past tense and modal forms, and more questions than the clinical setting. Thus, it may be that a number of previous studies of adolescent mothers' verbal communication with their children have been conducted in settings and under task conditions which have predisposed the adolescent parent to use limited communication. Specifically, several of these studies have utilized feeding or other caretaking tasks which, due to the urgency of the task, result in the use of less verbal interaction. In only four of the available studies on adolescent mothers' verbal interaction was a free-play task utilized (Clark, 1982; Field et al., 1982; Hestick, 1982; Levine et al., 1985). In a study by McAnarney et al. (1984), the specific task in which mother and child were involved during the interaction was described only as a nonfeeding task.

Influence of Age of Speaker

It is curious that adolescent mothers, as a group, have been defined as sparse in their use of verbal communication to young children. According to Sachs and Devin (1976), children as young as 3-years-old simplified their language through the use of shorter utterances, a higher pitch, more pauses, and more questions, when addressing infants than when addressing older children and adults. Some investigators (Strommen & Strommen, 1985) have addressed the limited verbal skills of adolescent males and females as a group. These authors have suggested that limited verbal skills may be the typical behavior for adolescents, primarily due to the self-consciousness of persons who fall within this group. Labov (1970) found striking differences in communication output when he observed adolescent males with two different partners. When the adolescent male communicated with an adult in a testing situation, the adolescent's communication was very limited. When the same adolescent male talked with a male peer of similar age, however, the communication was quite fluent. These two dissimilar communication behaviors, as reported by Labov (1970), suggest that the age of the communication partner may be a significant factor in the adolescent's use of sparse verbal communication with adults. This sparse communication use with or in the presence of adults might explain why earlier studies of adolescent parents (Epstein, 1979; McLaughlin et al., 1979; Osofsky & Osofsky, 1970) have found adolescent parents' verbal communication to their infants to be limited.

In summary, the adolescent mother's persistent characterization as a nonverbal communicator seems contradictory when the literature is examined in light of caregivers' talk to their infants. It has been shown that mothers' verbal interactions with their infants are influenced by the mother's background and attitudes as well as the setting and task in which the caregiver and infant are involved. The age of the speaker appears to be a less critical determinant of the interaction, since preschoolers as young as 3 years of age modify their speech when addressing babies. Perhaps the young age of the adolescent mother is too simplistic an explanation for the reduced level of verbal interaction which has been ascribed to these mothers so frequently. Other factors, such as the age, race, and sex of the observer, should be examined in future investigations.

STUDIES OF MINORITY ADOLESCENT MOTHERS' VERBAL COMMUNICATION

Several studies of the general parenting abilities of minority parents have been reported in the literature (Badger, 1981; Badger et al., 1974; Brown, 1981; Clark, 1982; Field et al., 1980; Field et al., 1982; Hestick, 1982; Osofsky & Osofsky, 1970; Stevens & Duffield, 1983; Sweat, 1982). This section highlights those studies in which verbal interaction was studied as a primary variable. A summary of the major implications then follows.

Table 1 provides a synopsis of each study in which minority adolescent mothers' and infants' verbal communication was studied. From this table, at least three points are worth noting. First, while several investigations have described the adolescent parent and child's communication, only two studies (Clark, 1982; Hestick, 1982) have focused on a detailed analysis of verbal speech-language patterns used by minority adolescent parents. In Clark's study, adolescent parents used verbal patterns which approximate those described for older mothers. It is believed that these findings may have resulted from the fact that the study was conducted during a play period within the home and by a member of the same sex and ethnic group of the adolescent mothers in the study. Another verbal interaction study under conditions of play, suggested that: "The level of verbal interaction . . . fails to support earlier reports of more physical than verbal interaction between teenage mothers and their infants" (Hestick, 1982, p. 72). Further, Hestick (1982) found that adolescent mothers tend to be more verbal with toddlers than infants. These two stud-

TABLE 1. Observational studies of minority adolescent parents' and infants' verbal communication.

Author	*Date*	*Sample of Mother-Infant Dyads* *Number*	*Race*	*Setting*	*Task*	*Verbal Communication* *Sparse*	 *Fluent*
Osofsky & Osofsky	1970	60	Black	School	Not Specified	+†	
Epstein	1979	125	Black, White Hispanic, Hawaiian	Home	Feeding	+	
McLaughlin et al	1979	31	Black, White	Hospital	Feeding	+	
Keen	1979	22	Black, White	School	Not Specified		+†
Glimps	1979	52	Black, White	Not Specified	Caregiving		+†
Field et al	1980	150	Black	Home	Feeding— interaction		+†
Clark	1982	18	Black	Home	Play		+*
Field	1982	120	Black	Home	Not Specified		+†
Hestick	1982	32	Black	School	Play		+†
McAnarney et al	1984	75	Black, White, Puerto-Rican	Hospital	Non-feeding task	+	

Note. † = Following intervention. * = Had prior experiences with children and/or parenthood education.

ies indicate a trend toward the use of verbal communication typical of *Motherese* when adolescent mothers are observed under conditions known to produce complex speech in older mothers.

A second point is that all of the studies of adolescent parent-child interaction were conducted by persons outside the field of speech-language pathology. In most instances, psychologists or early childhood educators were the chief investigators (Field et al., 1982; Hestick, 1982; McLaughlin et al., 1979; Osofsky & Osofsky, 1970; Sandler et al., 1981). Third, minority adolescent mothers other than Blacks have been examined in only three studies (Epstein, 1979; Hestick, 1982; McAnarney et al., 1984).

The following conclusions are made, based on a review of the studies in Table 1.

1. The communicative interaction between adolescent mothers and their infants can be reduced, particularly if assessed in situations known to produce similarly limited communication in more mature mothers (Clark, 1982; Hestick, 1982; Snow, 1977).

2. The extent to which the adolescent mother is at risk for sparse communication may depend upon: (a) exposure to other children and caregivers (Clark, 1982; Glimps, 1979) (b) participation in parenthood education experiences or in intervention programs (Clark, 1982; Field et al. 1980; Field et al. 1982; Hestick, 1982), and (c) family support systems offered to the adolescent mothers (Clark, 1982).

SUMMARY AND RECOMMENDATIONS

This paper has focused on a description of adolescent parents' verbal communication to their infants. To date, the results of the studies are mixed. Several methodological issues are raised in regard to earlier investigations which suggest that the adolescent parents' verbal communication is sparse. Recent investigations (Clark, 1982; Hestick, 1982), which used play conditions known to produce complex speech in mature mothers, show that adolescent mothers may use verbal communication which is similar to mature mothers.

The American Speech-Language-Hearing Association's Committee on the Prevention of Speech, Language, and Hearing Problems (Marge, 1984) has defined prevention as the "elimination of factors that interfere with the normal acquisition and the development of communication skills" (p. 29). Further, this committee has emphasized *primary prevention*, *secondary prevention*, and *tertiary prevention* activities. *Primary prevention* consists of activities which remove or reduce the occurrence of communicative disorders by decreasing individuals' exposure for susceptibility or by changing the susceptibility. *Secondary prevention* is the early identification and treatment of communicative disorders. *Tertiary prevention* refers to the restoration of functioning through rehabilitation (Marge, 1984).

As such, the prevention of speech and language delays in infants of adolescent mothers (through intervention to adolescent mothers during pregnancy) may be considered as a primary prevention activity. Some investigators of adolescent mothers' verbal communication (Epstein, 1979; Osofsky & Osofsky, 1970) have suggested that adolescent mothers' communication may be sparse. However, recent investigations (Clark, 1982; Hestick, 1982) under play conditions, suggest that adolescent mothers may communicate with their infants in the same manner as mature mothers. Other investigators (Field et al., 1980; Field et al., 1982; Keen, 1979) have demonstrated that with intervention, adolescent parents' risk for sparse communication may be reduced. In light of the research reviewed in this paper, the following recommendations are made:

1. Additional detailed investigations of adolescent parents' (including minority adolescent parents) verbal communication to their infants and preschoolers should be made by speech-language pathologists who are very familiar with the cultural milieu of the adolescent parents. Since there are few detailed studies of the verbal communication of minority parents in general and with adolescent parents in particular, future research should examine the nature of the interaction among different members of all minority groups. The adolescent mother, siblings of the adolescent mother, the adolescent father, and senior members of the adolescent parent's family should be observed during their natural interactions with the offspring of the adolescent parent. These studies should provide information on the impact of this interaction on the child's development and may explain further why adolescent mothers' elementary school-age offspring did not differ in school performance from their nonadolescent parented controls (Morrow, 1979).
2. Experimental studies involving detailed accounts of adolescent mothers' verbal communication with their infants, prior to and following intervention, should be conducted.

If these detailed investigations show a need for intervention strategies to reduce the risk of communication delays in infants of adolescent mothers, members of the American Speech-Language-Hearing Association should be encouraged to design appropriate primary and secondary intervention strategies.

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Chapter 15

BACKPACKS OR PARACHUTES: MANAGEMENT'S CHALLENGE OF THE FUTURE

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This paper will address the management issues we face in the 1980s and beyond, especially those of us concerned with management within the health care service sector. Predicting the future is a rather sobering task. When asked to predict the future of the stock market, J. Paul Getty is reported to have replied: "It will fluctuate." Those who risk more specific forecasts must be prepared to be humbled. Even the wisest pundits and experts are often flatly wrong.

Recent predictions of the economic prospects for the 80s are a good example. In a familiar ritual, it was predicted by many at the beginning of the decade, that more inflation could be expected on the top of the current double-digit rate. The Institute for the Future predicted an annual average increase in the consumer price index of 8% and continued increases in energy costs. Only 4 years later, these predictions have become victims of the unforeseen—the Reagan victory, the world oil glut, and the deep 1981-82 recession and recovery.

Even the Bureau of Labor Statistics with all of its expertise and its practiced caution about projections, underestimated the number of women who entered the labor force during the 1970s by more than 6 million. Being wrong about your predictions, however, is only one of the issues. As one anonymous commentator noted, "When talk turns to the future I sometimes feel as if the room is filling up with warm feathers. The effect is substantial but there is nothing to grab hold of."

Any speculation or projections about the nature of work and the labor force in the next decade involves not only assumptions about the growth of the economy and productivity, but also information about family formation, fertility, education, the course of labor/management relations, and many other trends. Clearly, forecasting the future of work in America is a dangerous past time. But the temptation to foresee the future overcomes the cautions. The lesson is clear: The future is not what it used to be. Straight line projections and common extrapolations will not suffice. We will be managing in a different environment, with different people, and hopefully with a different management perspective.

It's an old joke but it's worth repeating. There are four passengers on a plane: the President of the United States, the world's smartest manager, a minister, and a rock star. Suddenly the plane's engines conk out. The four passengers have to jump and soon discover that there are only three parachutes. The President grabs one, explains that he owes it to the American people to survive and serve out his term, and jumps. The world's smartest manager quickly follows, explaining that he is an irreplaceable asset—a national resource! The minister stares at the youngster, gulps, and says, "My son, I am in God's hands. You take the last parachute." The Rock star replies that that's real cool and religious, and all that, but there's no problem, because there's a parachute for each of them. "You see," he says, "the world's smartest manager just jumped out with my backpack."

At great risk, I will focus on our future management environment, some of the trends we are driven by, and some changes which we must manage. I will also talk about "backpacks and parachutes."

WORKFORCE

Looking first at the workforce, there are at least nine elements which command our attention (Edwards & Snyder, 1984). They are as follows:

1. There will be an increasing number of us in the workforce of the United States. Employment is expected to increase in nearly all occupations through the decades of the 80s and 90s. The 1980 civilian labor force totalled about 105 million and is expected to increase by 22% by the year 1990. Our society, however, will be more challenged than ever before in matching the skills of the workforce with job requirements in order to maximize productivity of the American worker, during the next decade.

2. The American worker is slowly gaining a different status. Since 1946 we have been forced persistently to shape our economic and social structure in order to bear, feed, clothe, educate, employ, and house the 76 million members of the American baby boom. As a result, while we have learned to value people for their purchasing power, we have not seen them as critical resources for production (Carnevale, 1984).

Our economic growth and productivity, however, will become increasingly dependent upon our human resources and not technology. The American worker is being recognized as the key to American productivity. As Carnevale (1984) suggested. "Educated, healthy, trained, and spirited people are the ultimate source of economic growth. They are not simply the passive consumers of an economic machine competing in an international market" (p. 1).

3. There will be more women in the workforce. Actually we are experiencing a second surge of women into the workforce. Between 1965 and 1975 women in the workforce increased from 35% to 44%. Between 1983 and 1995, 65% of all "new hires" will be women. By the year 2000, 45% to 49% of the total U.S. workforce will be women with some estimating that it will be as high as 56%.

4. We are experiencing a rapid increase in the number of dual-income families. Currently, 62% of the families in the U.S. are dual-income families. While this may make them less mobile in terms of job opportunities, it also makes them increasingly independent financially. Within 10 years it is estimated that approximately 75% of the U.S. families will have two wage earners. This trend may create a change in the "sociology of dependency" as it applies to the manager/employee relationship.

5. The entry level labor pool continues to shrink. Birth rates between 1960 and 1965 fell dramatically. Therefore, the number of young adults between the ages of 16 and 24 will decline by 35% between 1980 and 1995. This obviously will produce a shortfall in this traditional entry level labor pool. This demographic reality will increase wages for low-skilled workers based on the demand for this human resource. We should also experience an increase in the numbers of women, elderly, and immigrants entering the workforce.

6. We are encountering a rapid expansion in numbers of middle-aged workers. Those of us who are affectionately known as members of "BBI" (the first Baby Boom generation) are now entering the not-so-affectionately known category of "middle age." The middle-aged, mid-career group will increase by 70% between 1980 and the year 2000. This increase will produce a form of occupational frustration which is currently referred to as *generational crowding* or *mid-career compaction*. An example which underscores this factor has to do with the number of qualified applicants per vacancy in middle manager positions. In 1975 there were 10 qualified applicants for each middle-level-management position. In 1985 there were 20 applicants per position. In 5 short years there will be 30 applicants for each middle-level position (Edwards & Snyder, 1984).

7. A new baby boom generation is on its way. "BBII" is now a reality. This second baby boom is roughly the same size as the first and began approximately in 1977. BBII will peak in the mid 80s and begin to impact the workforce in the early 90s.

8. We are experiencing an increase of minorities in the workforce. In 1970 nearly 18% of the workforce was comprised of Blacks or Hispanics, while 20% of all new hires also came from these categories. In the next 15 years nearly 28% of the new hires will be Blacks and Hispanics with 25% of the workforce being made up of minorities by the year 2000.

9. With all of the comments concerning a changing work ethic in America, Daniel Yankelovich (1981) reminds us that it might be more appropriate to refer to this as an "underdeveloped work ethic." In his book, *New Rules*, he outlines the cause of this problem as a management issue. "We are not inspiring them. We are not developing them" (Yankelovich, 1981).

Conditions of the Work Place

New applied technologies will eliminate 15–20 million jobs and create 7–10 million new jobs. Robotics, computer-assisted development, and computer-assisted manufacturing will eliminate 5–7 million blue collar jobs. The information/communication revolution will eliminate 7–12 million white-collar jobs. An additional 7–10 million individuals could lose their jobs to foreign competition. Training dollars will be used to assure worker competency and preparation for the approximate 7–10 million currently nonexistent new jobs which will also be created from this information and automation revolution (Edwards & Snyder, 1984).

Slowly, we are recognizing that the potential for productivity gains rest on our ability to manage human resources. It is a myth that technology can or should produce productivity gains in spite of human resource costs which, as we know, represent 65% to 85% of our cost in most areas. The productivity equation includes technology plus skills/training plus how we organize our workforce and our technology. It is generally recognized that 30% of any productivity gain is due to technology, whereas 70% is due directly to modifications made by managers and employers in the deployment and empowerment of their human resources.

Changes in the Nature of Work

The center of gravity has changed. As Drucker (1980) noted, the center of gravity has sharply shifted from manual work to knowledge work. In 1920, the ratio of manual workers to knowledge workers was 2 to 1. By 1980 things were the other way around. The mid point of this shift seems to be 1956, the year white-collar workers first outnumbered blue-collar workers (Naisbitt, 1982).

The major difference between knowledge work and manual work is that knowledge work is information-based and manual work is materials-based. A manual work process, no matter how much skill and knowledge is required of the worker, consists of converting materials from one form to another (with or without the use of tools and equipment). The results of a manual work process are always tangible (Nickols, 1983). In contrast, a knowledge work process consists of converting information from one form to another. The results of a knowledge work process are frequently intangible. Consistently, the nature of working is very different for a knowledge worker than it is for a manual worker.

There is also an apparent shift in the locus of control away from managers. For thousands of years, the basic power equation—the means to control—in organizations was simple and effective: "Knowledge held by a few plus iron discipline over the many." Nowhere is this better illustrated than in the old navies during the days of "wooden ships and iron men." Mutiny at sea (a seaman's way of expressing extreme dissatisfaction with the quality of work life) was probably restrained more by the unlettered seaman's lack of knowledge of navigation (known only to officers) than it was by his fear of punishment in the event of failure. After all, what is the point of taking over a ship if one cannot take it anywhere? In modern organizations, knowledge is widely distributed instead of narrowly concentrated. This alters one of the two variables opposite "control" in the ancient power equation (Nickols, 1983).

Interestingly, we find that the locus of control has shifted toward the worker. Perhaps what most annoys and frustrates tradition-oriented managers is that knowledge work is "nonlinear" (Zand, 1981). Managerial discomfort aside, this means that knowledge workers must "configure" their responses to work situations instead of act out "prefigured" ones (Drucker, 1973). Hence, according to Gregerman (1981) the worker who is knowledgeable has much greater if not complete authority in matching up individual work methods to the different job tasks. In short, the nature of knowledge work is such that it demands a significant amount of control over working (and thus work) on the part of the workers. And, it is in the nature of control that we find the fundamental reason for the shift in the locus of control from managers to workers.

If we are talking about an equation, then algebraic logic dictates that if one side of the old power equation changes, then the other side must also be changed. If the locus of control has shifted from managers to workers, than a new balance exists in the equation.

In the new scheme of things, the role of the worker becomes one of *agent*, not *instrument*. The new worker is someone who acts "on behalf of," not simply "at the behest of" his or her employer. Implicit in this role is a new and fundamentally different measure of performance (i.e., *contribution* instead of *compliance*). For, although managers and thus their organizations can regain control over work, the control over working, owing to the invisible nature of our new knowledge driven workplace, is forever vested in the worker.

Implications

How should managers treat this barrage of information concerning the kind of workers we will have, the nature of the work setting, and the nature of work? It seems all too obvious that management has become complex rather than comfortable. It has become dynamic rather than predictable. And management is certainly controversial and not just "business as usual." I am reminded, however, of Dr. Martin Luther King's charge: "The ultimate measure of a man is not where he stands in moments of comfort and pleasure, but where he stands at times of challenge and controversy" (cited in Adler Books, 1968, p. 147). For all of us in management (especially those of us working in the health care arena) we surely will face challenges and controversy.

Let me return to the metaphor of "backpacks and parachutes." Tomorrow's manager could easily grab a "backpack" rather than a "parachute." If we continue to believe that salaries and promotions will be sufficient to motivate our employees, we may be reaching for a "backpack." If we continue to believe that technology will give us our productivity gains more rapidly than how we manage our human capital, we may be reaching for a "backpack." If we continue to adopt the "hire someone like me" approach to build a team, we will be reaching for a "backpack." And finally, if we resort to rigid controls and the safety of our authority as "the boss," we will be reaching for a "backpack."

Tomorrow's workforce will be different not only in workstyles but will be different in its ethnic, racial, and age composition. Tomorrow's manager must give primary attention to managing the performance of his or her human resources in order to insure productivity gains. The dual-income families, the increased independence, and the changing workstyle of the American employee will challenge us to create and use new incentive and reward systems.

But where are the "parachutes?" Many of the parachutes are well known and have been around us some time. Ralph Tyler, a management consultant (Personal communication, November 1983), enjoys telling the story of coming upon three brick layers working on a project. Ralph asks each one in turn what he is doing. The first brick layer indicates that he is laying brick and receiving $12 an hour for his skill. The second brick layer says that he is perfecting his skill and that he is very proud of his straight line of bricks and the mix of the mortar. The third brick layer looks up proudly and says: "I'm building a cathedral." Tomorrow's manager must work with employees not only to develop their skills and their pride in workmanship but must share with them a mission related to their work. That manager is reaching for a "parachute." The manager who discovers the art of communicating consistently and directly with employees will also be reaching for a "parachute." Managers who deal with controversial issues directly with employees, who realize that each employee is a public relations director for even the smallest enterprise, and managers who depend on employees to give them information, ideas, and insight—all are reaching for "parachutes."

Finally, tomorrow's successful manager will recognize the "entrepreneural" potential of his or her employee team. The recent attention given to this entrepreneural effort revolves around the need to get employees generating ideas and rewarding them for their investment in the organization, the product, or the service.

Let us assume that we do all these things, that we reach for all the "parachutes" and avoid the "backpacks." Where will we land? We can be sure that it will be a different place. The "parachutes" described should land us on management's high ground. It means fostering high degrees of employee involvement. It means communicating and getting commitment to a mission. It means using employees as marketers, and using employees to manage information. And most importantly, it means using employees to provide solutions.

The Opportunity

By looking at some commonly shared demographic data and information concerning the changes occurring with the nature of work we have taken a glimpse of our future as managers. These "megatrendy" discussions, however, are often a matter of concern to many of us. Sometimes that concern is even tinged with anxiety, a feeling that it will be difficult to adapt to the rapid changes in technology and to the changes in our management perspectives. There may be an uneasiness as to whether we will be able to measure up to the demands that will be made of us by the pace and scope of this change. I feel no such uneasiness, however. I am reminded of William Allen White who said, "I'm not afraid of tomorrow, for I have seen yesterday, and I am enjoying today." This future creates opportunities for managers.

Opportunities exist for tomorrow's managers: opportunities for creative leadership, opportunities for greater gains in productivity and quality of service based on employee involvement. That, very clearly, is why many of us in health care regard the phenomena of change not with anxiety but with eagerness and feeling of confidence that our future will be better—much better—than in the past. These opportunities will benefit all of us, if only we have the courage and the confidence and the vision to grasp them and make them real.

As a final challenge to all of us who must manage these opportunities in the nation's health care setting, I am reminded of a comment from President Teddy Roosevelt. During one of his whistlestop tours of America's heartland which found him making speeches from the back of a train, the fiery president finished a short 3–4 min speech and was about to depart. A man from the community approached the platform on the rear of the train, identified himself as a small business manager, and asked how he might help. Teddy Roosevelt's immediate response was to exhort the businessman to simply get going in his own community, dedicating to the task whatever abilities and materials he possessed.

Some of the trends and information seem apparent. The implications are all too clear. Even many of the strategies—the "parachutes"—seem rather straightforward. Our challenge is to provide management leadership for our country's future . . . to reach for the "parachutes."

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Chapter 16

LEGAL ISSUES AFFECTING THE DELIVERY OF SERVICES TO MINORITIES

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As the General Counsel for Hospital Corporation of America I am continually astounded by the growing legal complexities involved in providing health care services to individuals. This complexity is increased with respect to the delivery of health care to patients who receive federal funds. Although there are many legal issues impacting on providing services to members of minority groups who have communication disorders, I would like to focus upon a couple of areas that are important to minorities with communication disorders and to the institutions and programs that provide services and employment opportunities to them. To adequately discuss this topic, it is helpful to provide some background on programs that affect the ability of health care facilities to provide services.

In 1964, President Johnson signed into effect the *Civil Rights Act*, which made changes in how institutions go about providing access and employment to minorities. Title VI of that Act bars discrimination against beneficiaries of federal financial assistance on the basis of race, color, or national origin. This means minorities cannot be excluded from, denied participation in, or discriminated against in anyway with respect to a program receiving federal financial aid. Hospitals receiving federal financial aid cannot discriminate against patients benefiting from the federal funds, and other programs providing services to individuals, including those with communication disorders, cannot discriminate against participants in those programs.

Over the past few years Title VI has been a subject of concern for institutions that provide services to individuals with communication disorders in at least two areas. First, Section 604 of Title VI removes employment discrimination from the scope of Title VI's coverage, except in cases in which a primary objective of the financial assistance is to provide employment. The statute is designed this way because Title VII of the Act provides broad protection from employment discrimination. Title VII bans employment discrimination for most employers and incorporates a very extensive system that enables employees to file complaints and receive assistance should they be discriminated against because of their race, color, sex, religion, age, or national origin. In 1980, however, the Carter Administration, upon leaving office, issued a "clarification" regarding the regulations explaining Title VI. A "clarification" unlike an "interpretation," or a change in the regulations, may be implemented without the permission of the Secretary of Health and Human Services or other officials in the Executive Department. Under this clarification, the Office for Civil Rights of the U.S. Department of Health and Human Services (HHS) stated that it intended to pursue employment claims against all financial aid recipients. The "clarification" was never put into effect, however, and HHS will now only address employment discrimination claims if the primary purpose of the financial aid in question is to create employment. Otherwise, they will leave it to the Equal Employment Opportunity Commission to investigate charges of employment discrimination.

Several recent cases illustrate how Title VI is being used to assist minorities. In *Heavy Runner v. Bremmer* (1981), the plaintiff sought to compel a school district in Montana to provide bilingual bicultural education to all Black Foot Indian students who were deficient in the English language. The court stated that the right to bilingual education is not required by the constitution, but that Title VI does guarantee these individuals with communication handicaps some rights. The court said that Title VI mandates remedial assistance to students with English language deficits, regardless of their number "as long as there is at least one person arguably denied equal education opportunities."

The court requested the parties to formulate an educational program for remediation of students who may be identified as not being proficient in the English language. The court also requested that the parties provide information regarding (a) the number of students having limited proficiency in English and degree of such impediment, (b) current instructional programs, if any, which addressed the needs of those students, and (c) any future programs which have as their goal the remediation of linguistically handicapped students. The court recommended that the parties submit educational programs envisioned by both sides, which would ensure that the needs of the linguistically handicapped students are met. This case shows that Title VI gives minorities with language handicaps, and with communication disorders some statutory right to receive remedial help.

Of course, Title VI has broad application beyond the scope of linguistic deficiencies or communication disorders. In *Chowdhury v. Reading Hospital and Medical Center* (1982), for example, the court allowed a nonCaucasian physician to bring an action against a hospital because he claimed the hospital denied him courtesy staff privileges because of his race.

Another area of importance regarding Title VI involves the recent U.S. Supreme Court decision *Grove City College v.*

Bell (1984). In that case, a private college declined to accept direct federal financial assistance, or to participate in the Regular Disbursement System of the Department of HHS, and later the Department of Education, under which it would have had to assess student eligibility and determine the amount of funds they should receive. The college did, however, enroll a large number of students who received Basic Educational Opportunity Grants (BEOG). These grants give money directly to students. Students, however, are required to use the money to finance their college education. The Department of Health and Human Services, which at that time had jurisdiction of the matter, determined that the college was a recipient of federal financial assistance because of these indirect payments and that it was subject to the provisions of Title IX of the Education Amendments of 1972, which prohibit sex discrimination in covered education programs. The university objected and the issue was taken to court. The Supreme Court made several important findings. First, it found that these indirect payments did subject the university to the provisions of Title IX. The court also found that any institution indirectly receiving federal funds in this manner would be covered by Title VI of the Civil Rights Act. Second, the court found that the educational program or activity at the college receiving the federal financial assistance was the only part of the university which must comply with federal regulations. In this case, only the college's financial aid program, and not the entire college, must comply with Title IX.

The first part of the decision was not surprising. The part which limited the application of Title VI and Title IX only to those programs or activities of an institution directly affected by the financial aid, however, was not anticipated. As a result, the Civil Rights Act of 1984 was introduced in Congress. In June of that year, the House passed a bill. This legislation would reverse the "program specific" holding of the *Grove City* decision and apply the antidiscrimination prohibitions of Title IX to recipients of financial aid on an institution-wide basis, not just to individuals or specific programs within the institution. The Senate version of the bill provides that Title IX, 504, of the Rehabilitation Act (which will be discussed more fully in a moment) and Title VI of the Civil Rights Act of 1964 would also apply to an entire institution in the broadest sense and not to specific programs. This version is an even broader application than the House bill. The Senate bill was still in committee as of September 18, 1984.

The status of the legislation today is uncertain. If the bill should pass, it will reverse the "program specific" limitation of the *Grove City* decision and make it clear that any institution which receives federal financial aid must comply with the provisions of Title VI, Title IX, and 504 of the Rehabilitation Act on an institution-wide basis and not simply on a department or program level. The entire institution will be required to guarantee it will not discriminate in violation of the applicable provision.

Besides Title VI, there is another important piece of legislation which guarantees handicapped individuals, including those with communication disorders, certain employment rights. Title V of the Rehabilitation Act of 1973 has often been called the Civil Rights Act for the disabled. Two sections of Title V are particularly important. Section 503 prohibits discrimination on the basis of handicap and imposes affirmative action obligations on federal contractors. Section 504 bars discrimination against handicapped individuals of federal financial assistance.

Section 503 states that all federal contracts and subcontracts in excess of $2,500 must include clauses in which the contractor agrees (a) not to discriminate against the handicapped, and (b) to undertake affirmative action to provide employment opportunities for the handicapped. There is no question but that the best "service" which can be provided many individuals with communication disorders is a productive job where they can receive training in a job-earning capacity. Section 503 is administered by the Office of Federal Contract Compliance (OFCC). This agency required contractors to maintain affirmative action programs. It also expects employers to review and modify their personnel practices to assure careful, thorough and systematic consideration of the job qualifications and known handicapped applicants and employees for job vacancies. Handicapped employees who feel they have been discriminated against may file a complaint with the OFCC and that agency will investigate. Should the OFCC determine that a violation of Section 503 has occurred, it has the authority to secure compliance or else to bar the contractor from participating in federal contracts.

Section 504 of the Rehabilitation Act provides that no "otherwise qualified" handicapped individual shall be discriminated against under any program or activity receiving federal financial assistance. Under the provisions of Section 504, each federal agency promulgates its own regulations with respect to how recipients of its funds are to undertake the employment of the handicapped. Consequently, a health care provider's obligations can vary depending upon the source of the funds coming from the goverment.

Section 504 applies only to those institutions and programs which receive federal financial assistance. Also, Section 504 does not require an affirmative action program to hire the handicapped. It only requires nondiscrimination in hiring the handicapped.

The Rehabilitation Act of 1973 is extremely important for individuals with communication disorders. First, all programs funded by the federal government and designed to provide services to handicapped individuals with communication disorders are required to comply with its provisions. This can affect a handicapped individual's ability to receive health and rehabilitation services and also his or her ability to obtain gainful employment. At least three issues under Section 504 and Section 503 continue to be debated in the courts today:

1. When are individuals with communication disorders handicapped?

2. To what extent must an employer or institution "accommodate" a handicapped individual in providing services or employment?

3. When does an institution receive financial assistance so as to be covered by Title VI?

The Department of Health and Human Services and the Office of Federal Contract Compliance regulations state that an individual is handicapped whenever he or she: (a) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (b) has a record of such impairment, or (c) is regarded as having such an impairment.

For purposes of this definition, a handicapped individual is considered "*substantially limited*" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap. In terms of individuals with hearing difficulties, several cases have addressed their employment problems. Clearly, one who is hearing impaired is handicapped. We could not find any cases where individuals with speech problems have been designated as handicapped. It seems certain, however, that under this broad definition, an individual with such a problem would be considered handicapped, at least in some circumstances.

Under Section 503, an obligation exists to make "reasonable accommodation" to the disability limitations of handicapped applicants and employees. This is an affirmative obligation. "Reasonable accommodation" may require an employer to alter physical facilities or work schedules unless he can show that business necessity or the financial expense involved would prohibit him from doing so. Under Section 504, however, the Supreme Court has noted that the primary duty is only one of nondiscrimination. Although regulations do impose at least a *de minimus* obligation on employers to accommodate individuals with handicaps, an employer's exact duty to accommodate remains unclear.

Finally, when does a program or institution receive federal financial aid so as to be covered by Section 504? The Supreme Court opined in the *Grove City* (1984) decision that even indirect payments obligate an institution to comply with Title IX and Title VI. The U.S. Court of Appeals for the Fifth Circuit last month addressed whether hospitals that receive Medicare or Medicaid payments and treat individuals with communication disorders are covered by Section 504. In *U.S. v. Baylor Universtiy Medical Center* (1984), the hospital allegedly refused to allow a deaf patient to bring in an interpreter so that she could understand her pre- and postoperative discussions with the medical staff. The patient filed a complaint with the Department of Health and Human Services against the hospital. The Department informed Baylor by letter that, as a recipient of federal financial assistance, the hospital was obliged to comply with Section 504 of the Rehabilitation Act and that HHS was investigating the complaint. HHS stated in the letter that it was responsible for investigating charges of discrimination and that an on-site review would be necessary. Baylor responded that, in its view, it was not a recipient of federal assistance for purposes of coverage of Section 504 and refused to allow the investigation. Negotiation between the parties failed to resolve the impasse and the Department sued. The court noted the Section 504 of the Rehabilitation Act provides that no otherwise qualified handicapped person shall solely by reason of his or her handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. The court held that Medicare and Medicaid payments are federal financial assistance for the purpose of Section 504 and that the in-patient and emergency room services would be the appropriate target programs for Department of Health and Human Service investigations into this alleged violation.

The court also stated that Section 504 was explicitly patterned after Title VI of the Civil Rights Act of 1964, and Title IX of the Education Amendments of 1972. The legislative histories and judicial interpretations of these acts and their implementing regulations provide appropriate and necessary guidance in interpreting Section 504, the court said.

In examining the history of these pieces of legislation, the court observed that 1 year after the passage of Title VI, Congress enacted Medicare and Medicaid as a means to ensure that the aged, disabled, and poor would be able to secure necessary medical services. It noted that the Medicare program is financed entirely by payroll tax deductions and that federal payments may be made only to hospitals that meet certain conditions of participation established by the Secretary of Health and Human Services. The Medicaid program provides federal funds to state governments that establish a federally-approved plan. Although the issue of whether Medicare and Medicaid are "federal financial assistance" to a recipient was not extensively debated in Congress, several senators stated that, in their view, the prohibitions of Title VI would apply in connection with such payments. The court found that it was abundantly clear that Congress intended the scope and effect of the Rehabilitation Act's prohibition of discrimination on the basis of handicap to be exactly equivalent to Title VI's prohibition of discrimination on the basis of race. This conclusion, the court said, is strengthened by a recent House Committee report, providing that "Medicare and Medicaid funds constitute federal financial assistance," and stating further that ". . . Health care facilities and other providers that receive Medicare and Medicaid funds are required to provide services without discrimination."

The Fifth Circuit Court of Appeals observed that five of the six federal district courts that have expressly considered the issue have held that receipt of Medicare and Medicaid payments invoke the protections of the federal antidiscrimination statues. The court also pointed to the *Grove City* (1984) case, which was discussed earlier, and noted that it specifically recognized that Title IX must be interpreted as part of a broad government policy, of which Title VI is the keystone, to prevent discrimination in federally funded programs. Here, the court said, Congressional discussion regarding Medicare and Medicaid demonstrates Congress' intent that those payments invoke Title VI coverage—and, therefore, Section 504 coverage.

Department of Health and Human Services regulations implementing Section 504 and Title VI reaffirm this conclusion, the court found, since they expressly state that providers whose only source of federal financial assistance is Medicaid "should be regarded as recipients and should be held individually responsible for administering services in a nondiscriminatory fashion."

The court said that hospitals are foreclosed from distinguishing between federal aid granted directly to an institution, and federal aid received by an institution by virtue of the individual beneficiaries in the federal program. Finally, Baylor unsuccessfully argued that Medicare and Medicaid are insurance programs exempt from coverage of the Acts. The court found that while it is true that Title VI excludes a federal "contract of insurance," the Rehabilitation Act contains no such exclusion, nor are Medicare or Medicaid the type of contractural programs Congress intended to exempt.

The ramifications of this decision are broad. No one can question the motive behind the court's decision. Individuals with communication disorders should be allowed to take whatever steps are necessary to ensure that they can properly understand and communicate their health problems. This decision by the Fifth Circuit Court of Appeals is one of first impression before the courts of appeal. Whether other courts of appeal will follow this holding is unclear. Until a health care provider's obligations are further defined by the courts, however, there may be instances such as the one involving Baylor University in which health care institutions may be hesitant to allow the government access to their facilities and records until they are sure what the parameters of the investigation will be.

The Rehabilitation Act of 1973 has been vigorously enforced by the different administrations over the years, and certainly provides a real service to those individuals with communication disorders who in the past, perhaps, would have had difficulty obtaining services or finding employment. Because of the perceived success of the federal program various states have ena[illegible] statutory directives with similar provisions. Many sta[illegible]re requiring both reasonable accommodation in a job and in some cases consideration of alternative jobs for handicapped employees.

Several legal issues remain to be addressed by the courts. First, will other federal courts of appeal, and perhaps eventually the Supreme Court, agree that Medicare and Medicaid constitute federal financial assistance and confirm that participating health care institutions are subject to Title VI and the Rehabilitation Act? Second, to what extent must a health facility open its facilities to an investigation should the government take the position that they are covered. The Supreme Court decision in *Grove City* (1984) seems to indicate that only those sections of a health care institution that are receiving government financial aid must be open to scrutiny. If an individual with speech, language, or hearing problems is treated in a specialized clinic that is part of a larger hospital or medical school, can the government only investigate the clinic itself, or is the entire institution subject to review? As indicated earlier, legislation pending in Congress would apparently subject the entire institution to investigation and enforcement. Finally, how far is facility legally required to go in accommodating to the special needs of individuals with communication disorders?

Title VI of the Civil Rights Act of 1964 and the Rehabilitation Act of 1973 broadly protect the right of minorities with communication disorders to equal access to services. Although the exact duties of providers of such services will continue to be tested in the courts, the basic concept is well established that members of minorities must be served on a nondiscriminatory basis. We may be certain that, given the important social and economic values involved, the effort to more clearly define rights and duties will continue well into the future.

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Note. Congress adjourned in 1984 without enacting the Civil Rights Act of 1984.

Chapter 17

RESEARCH NEEDS FOR MINORITY POPULATIONS

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The intent of this paper is to address several questions regarding the research needs of minority populations. These questions include the definition of research, the need for minority involvement in research, the barriers to research by minorities and the specific areas of research needs for minorities today. There is a need for research on minority populations as well as minority professionals becoming more actively involved as researchers. Despite the intense desire of minorities for intervention relative to societal problems affecting us, without the appropriate attention to research study and activity solutions to the current problem will not be forthcoming.

BACKGROUND DISCUSSION

Because there are various definitions of research, a statement regarding what is meant by the term *research* is indicated. *Research* according to the author, is best defined as the process of searching for a specific answer to a specific question in a systematically organized, objective and reliable manner.

There are many kinds of research and many ways of approaching the answers to questions or the solutions to problems. One such approach is defined as *descriptive* which generally means that no manipulation of a sample of population is involved. In *descriptive* research, the investigator is content to thoroughly observe and describe the parameters of the prospective sample or population. This can be very valuable research and is often a prerequisite to other kinds of discrimination (Payton, 1979).

Another type of research is *analytical*. Here one starts with *descriptive* research but goes further with the sample or population and attempts to show relationships and/or associations of one factor to another. It is one thing, for example, to describe the percentage of people in a population who have high blood pressure and to define their age, sex and race, but it is another thing to show that if one is Black, the risk of having hypertension is significantly increased over one who is White. This demonstrates the move from *descriptive* research to *analytical* or correlational research.

Another kind of research is referred to as *experimental*. This, of course, includes both *descriptive* and *analytical* research. Here one attempts to intervene to impact upon the subjects under study and to show analytically that this intervention does or does not influence the population under study in a specified way. Continuing with the example of hypertension, if a group of high-school students were divided into two equally matched groups and one group placed on a 5-gram sodium diet and the other group placed on a 10-gram sodium diet, then both groups followed over a period of years to assess the rate at which they developed high blood pressure, and these rates were compared, an experimental study would have occurred. Sometimes such studies occur naturally and information is gained without outside intervention.

Another way to classify research is by its purpose, and this is called by some people *levels of research*. The acquisition of knowledge for the sake of knowledge describes *basic research* or *pure research*. At the other extreme, applied research is concerned with the solution of immediate problems without regard for the basic reason or mechanism. Obviously, most research falls somewhere between these two extremes of *basic* and *applied* (Payton, 1979).

The author's career as a researcher began as a student in college working with a professor studying the effects of certain chemicals on the development of the notocord in the tadpole. At that time, no idea or concern for the application of this particular study was discussed. Later, as a candidate for the Ph.D. degree, the effects of X radiation and I-131 on the chromosomes of small lymphocytes were studied. Again, the primary purpose was to observe the impact of X-radiation and I-131 upon the chromosomes of human or hamster lymphocytes (Satcher, 1970).

However, the author subsequently engaged in research that had almost an immediate application to patient care. For example, as the director of a sickle-cell research center in Los Angeles, California for 5 years, a major project involving the early diagnosis of sickle-cell disease was conducted. The outcome of this research had immediate implications for the diagnosis of patients with sickle-cell disease and the appropriate intervention (Satcher & Pope, 1978). Also, different approaches to the diagnosis and treatment of hypertension, including community outreach programs of education and health promotion were studied (Satcher & Ashley, 1974). Finally, a research project designed with the community as a laboratory to assess the Watts' community needs and expectations for a primary care center was conducted. Based on the results of this research, a residency program in family medicine and the family practice model unit were established in the middle of Watts. Today, this facility is still being utilized

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for the care of individuals and families and, for the training of residents (Satcher, Fink, & Kosecoff, 1980). At all of these different levels, from the notocord of the tadpole to the chromosomes of small lymphocytes to the door-to-door assessments of the needs of families in Watts, the projects have in common a question in search of an answer and a systematically organized objective approach with measures of validity and reliability that allow for the interpretation and utilization of the data.

THE NEED FOR MINORITY INVOLVEMENT IN RESEARCH

Several reasons are suggested as indications of the need for more minority involvement in research. First, minorities need to develop skills and capabilities for defining and answering questions reliably and objectively. Failure to develop such skills is both a lack of self-actualization and development. It also limits one's ability to contribute significantly to answering questions and solving problems in the world around him.

Second, there is a need for questions to be posed for research by minorities. A direct relationship exists between the questions that are selected as the subject of research and the background experience and needs of the researcher. Without the involvement of minorities in research, many important questions relating to the health and the securities of minorities will go unanswered.

Third, minorities need to be involved in research to improve the quality and objectivity of research. Objectivity in research is enhanced when it is spread among various groups with different perspectives. Subjectivity in the interpretation of data often stems from the limited perspective of the investigator. The community of researchers ideally should be an integrated one to assure the most objective approach to both the definition of questions and the approach to problems.

Fourth, minorities need research that is geared toward solving the unique problems of minorities. Although there are many ways to describe these problems, this paper approaches them from the health care and health professional education perspective.

As former Secretary Margaret Heckler of the Department of Health and Human Services emphasized in her introduction to the *Report of the Secretary's Task Force on Black and Minority Health* (Heckler, 1985), there continues to be a significant gap in the health status of Whites and nonWhites in this country. Among other things, she pointed to the significant gap in life expectancy which is 5–7 years greater for Whites as than for nonWhites in this country today. She also pointed out that each year there are 60,000 excess deaths among Blacks. Excess deaths are defined as deaths that would not occur if Blacks had the same age-adjusted death rates as Whites in this country. One of the areas where this gap in health status is reflected is infant mortality where the rate continues to be twice as great for Blacks as for Whites. It is also seen in the prevalence of hypertension that is approximately twice as great among Blacks as among Whites. The mortality rate from cancer of all kinds is 20–25% higher in Blacks than in Whites. These differences in the mortality rates of various diseases are related to several factors that can be seen clearly in diseases such as hypertension in Blacks leading to strokes and heart failure. They are related to environmental factors, specifcally socioeconomic differences in which Blacks tend to be poorer than Whites in this country. Certainly, a combination of genetic and environmental factors is critical to our understanding the difference in health status of Blacks and Whites.

Minorities also need to be involved in research in order to safeguard against bias and prejudice in the arena of research. Perhaps, the best example of the necessity of academic honesty in research was illustrated in the great debate relative to the role of heredity as a basis for differences in intelligence quota (IQ) tests. In the early 1970s there was widespread debate about differences in IQs between Blacks and Whites and the role of heredity (Jensen, 1968). It was claimed that the data existed to support those assertions in a series of articles in the *Harvard-Educational Review* magazine. Thorough review of these articles revealed that the data did not, in fact, support those conclusions (Golden & Bridger, 1969). This suggests that the background of the investigator can often influence the interpretation of data. Clearly, there is a need for minorities to be involved in all types of research at every level.

Another example is the issue of recombinant DNA research and the fear that it created a significant risk for racial genocide. This debate goes back to the middle 1970s when many people were concerned that recombinant DNA research in the hands of the wrong people could reap great harm upon society, particularly those in positions of dependency (Anderson & Fletcher, 1980). The National Institutes of Health responded to this concern by attempting to assure that a significant number of minorities were placed on decision-making committees related to requests for research funds in order to assure proper monitoring of such research.

BARRIERS TO RESEARCH BY MINORITIES

Since it is clear that there is a need for both minority involvement in research and minority-oriented research, it is important to examine the present plight of minority researchers and to identify barriers that exist. There are both internal and external barriers which must be eliminated. Perhaps, the first and foremost internal barrier is that of low expectations. Too few minorities view themselves as being in a position to contribute to new knowledge as opposed to just reading and interpreting it. To a great extent, these attitudes can be influenced negatively or positively by the educational system. The second internal barrier is the lack of necessary discipline. The amount of discipline required to engage a basic research project is often quite great and requires significant patience. The magnitude of problems involved with such research coupled with the desire to become involved in applied solutions to problems represents a major challenge for minorities especially, but ultimately, for all investigators. The desire to implement solutions must be tempered with patience to answer basic questions.

There are also external barriers to minority involvement in research. One of these barriers is the lack of appropriate relationships. The development of research skills and competence requires a relationship between students and teachers in which the teacher is willing to devote significant time and energy to the training and guidance of the developing research student. Such relationships are critical in order for young people to develop the skills and involvement in research at an appropriate time in their career development. Recognizing this problem, the National Institutes of Health has instituted several programs geared toward the development of these kinds of productive relationships. One such program is the Minority Biomedical Research Science (MBRS) program which is located at several institutions serving significant numbers of minority students. Another program, the Minority Access to Research Careers (MARC) is also an attempt to deal with this barrier.

Another external barrier is the lack of human and fiscal resources. Certainly, the single most important resource for research among minorities is trained personnel. Yet today in this country less than 2% of Ph.Ds in the basic biomedical sciences are awarded to Blacks (*Chronicle of Higher Education*, 1984). This constitutes a significant barrier, considering that almost 12% of the population is Black. Today, minority health professional schools and similar institutions in this country struggle to prepare more graduates for careers in research at various levels. Also under resources we must include access to funding. For example, The Association of Minority Health Professions Schools (AMHPS) has expressed a concern with regard to the 1982 study of funding by the National Institutes Of Health, which revealed that less than one percent of the budget of NIH was awarded to all 103 historically Black colleges and universities combined. This is less than individual NIH grants to several institutions such as Johns Hopkins University and Harvard University (NIH, 1982). If these research barriers related to training, attitude and resources are to be eliminated, the efforts of many people must be involved.

SPECIFIC AREAS OF RESEARCH NEEDS FOR MINORITIES TODAY

Many areas of research needs exist relative to minorities today. For example, in the area of basic biomedical or basic biological research, genetic intervention is one that must involve minorities. The transformation and transfer of genes might well constitute the solution to problems such as sickle-cell disease within the next 5 to 10 years. Without the active involvement of minorities, this kind of research will continue to constitute an unnecessary threat. In the future there will be many other examples that will require minority involvement in basic biomedical research including a diagnosis and treatment of diseases such as Acquired Immune Deficiency Syndrome (AIDS).

In the area of clinical research there are many great needs in minority populations. The role of compliance in control of hypertension in Blacks and others is an area that will continue to need quality research. Additionally, the need for research in early diagnosis and treatment of various cancers in minorities is critical today if the increasing mortality rate from cancer of the lungs and other areas is to be stemmed (White et al., 1981).

There is, for example, the concern with the diagnosis of hearing-impairment and related problems in Blacks as compared to others. For many years, it was felt that the prevalence of deafness in Blacks was lower than in the rest of the population, but more recent data suggest that there might be a greater prevalence of deafness in Blacks that is sometimes associated with mental retardation. This association of deafness in mental retardation seems related to the fact that deafness in Blacks is more likely to be acquired deafness, associated with infections such as meningitis or with premature births. These same associations may well account for the increased prevalence of cognitive deficiencies associated with deafness in Blacks (Moore & Oden, 1977). This is obviously an area of many questions and problems that will require research for resolutions.

In the area of behavioral research, recent studies show that the problem of stuttering differs characteristically in Blacks as compared to others (Leith & Mims, 1975). These differences are believed to be deeply rooted in the sociological backgrounds of these two different populations. That factor alone is interesting, but of more interest is the implication that these different types of stuttering problems require different approaches to treatment in Blacks as compared to Whites. This represents an area of significant research in order to facilitate appropriate intervention.

Finally, there is an astounding need in the area of applied social research. For example, intervention is necessary to stem the tide of homicide in Black males. Intervention is essential for impact on the Black unemployment and teenage pregnancy problem (Gibbs, 1984). To adequately cope with the mortality rates from cancer, programs must be developed for health promotion and disease prevention that are effective among Blacks (Leffall, 1981). It is not certain that all necessary information on etiology and intervention is available. For example, what approaches to smoking cessation are most successful, and, how do they relate to age, sex, and socioeconomic status? What is the relationship between hypertension and social class, including the profession of parents? How should these factors influence an effort to reduce the prevalence of hypertension in Blacks? There is no end to the questions and problems regarding the health status of Blacks when compared to others in this country.

Certainly among native Americans, Hispanics, and others the same challenges abound. The absence of a data base for hypertension and other illnesses in native Americans is a continuing question. In all of these areas, the need for research among minorities and by minorities is critical. We must move to impact upon the existing barriers to progress in all areas of research by and involving minorities.

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Chapter 18

THE SOCIAL RESPONSIBILITY OF THE RESEARCHER

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For decades, physical scientists have struggled with the ethics of proliferating research and condoning practices that have the potential for dreadful ramifications. Biochemists have spoken out about chemical warfare; microbiologists about biological warfare; geneticists about food additives; biophysicists about nuclear radiation; physicians about the health status of the underclasses; zoologists about endangered species; biologists about the ecological crisis; geographers about population growth; entomologists about pesticides; soil scientists about land misuse; food scientists about the world food supply; and so on (Brown, 1971). Within the social sciences, there is equal cause for alarm on an issue of social responsibility. At issue is the way social scientists in general have more or less standardized one single design for doing multicultural research. More disturbingly, researchers in the communication sciences have adopted this design as the prototype for studying minority people. It is the design that this author has termed *victim analysis*.

Although few have used the term *victim analysis* before, most social scientists are quite familiar with this type of research. It is the behavioral research that compares low socioeconomic level minorities with middle and upper class "others."[1] The research hypothesis is always the same—"there is a difference"—and the results are typically predictable. The low socioeconomic level minorities typically perform poorer on the task, fail to exhibit the behavior under study, or are shown to be less knowledgeable than the comparison group. The research hypothesis, "there is a difference," therefore becomes a euphemism for "they are inferior." The social science literature, including communicative disorders, is replete with this research paradigm (e.g., Allen & Chaffee, 1977; Anastasia & D'Angelo, 1952; Anastasiow & Hanes, 1974; Arnold & Reed, 1976; Arnold & Wist, 1970; Bachman, 1970; Balaban, 1975; Barry & Hanson, 1973; Beasley & Beasley, 1973; Blue & Vergason, 1973; Blue & Vergason, 1975; Carrow, 1972; Carson & Rabin, 1960; Caskie, 1971; Cleary, 1968; Covin, 1976; Covin, 1977; Deutsch, 1960; Deutsch, 1965; Deutsch & Brown, 1964; Dorman & Geffner, 1973; Dorman & Geffner, 1974; Duchan & Baskervill, 1977; Entwisle, 1966; Entwisle, 1970; France, 1973; Frederickson, 1977; Genshaft & Hirt, 1974; Golub, 1975; Graves, 1967; Grimmett, 1975; Guinagh & Jester, 1972; Hackman, 1973; Hall & Freedle, 1973; Hall & Guthrie, 1979; Hardy & Cull, 1973; Henderson, Fay, Lindemann, & Clarkson, 1973; Hibler, 1960; Hurley, Kavale, Hirshoren, & Hunt, 1978; Irwin, 1977; Irwin & Weston, 1975; Iscoe & Pierce-Jones, 1964; John, 1963; John, 1968a; John, 1968b; John & Goldstein, 1964; Johnson, 1974; Jones, 1966; Jones, 1972; Kagan & Zahn, 1975; Kirk, 1972; Kresheck & Nicolosi, 1973; Marwit, Walker, & Marwit, 1977; Masling & Palmer, 1969; McConnell, Horton, & Smith, 1969; Mecham, 1978; Miller, 1972; Miller & Dreger, 1973; Nelson & McRoskey, 1978; Osser, Wang, & Zaid, 1969; Ratusnik & Koenigsknecht, 1975; Ratusnick & Koenigsknecht, 1977; Restrom, 1973; Santt, Wilson, & Dayton, 1974; Seitz, 1977; Shore, 1976; Shriner & Miner, 1968; Sternglass, 1974a; Sternglass, 1974b; Sternlof, Parker, & McCoy, 1968; Stevens & Tew, 1973; Tarone, 1972; Terrell, 1975; Terrell, Terrell, & Golin, 1977; Webb, 1968; Werner, 1971; Williams, 1969; Williams, 1973; Williams, 1977; Williams & Wood, 1970; Wright, Motley, & Phalan, 1976).

Victimization

The reason this type of research is victim analysis can be explained concisely. Poverty is not a freak occurrence. Poverty is created by the world power structure. The flourish of the world market is dependent on a stratified social hierarchy. The minority underclass is systematically contained, maintained, entrapped and exploited by this power structure. Although this exploitation has been veiled by racial, intellectual, political and sociological illusions, the reality is that this exploitation is callous and brutal (Glasgow, 1980). Those who are brutalized by this system are clearly victims.

In victim analysis research, the dimensions of economic determinism become the variables used to select subjects. In such research, the objects of institutionally imposed suffering become interesting specimens for empirical and experimental scrutiny. The culture of poverty becomes the scientific arena for demonstrating that social boundaries are being maintained.

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[1] The typical comparison in victim analysis research is between low income Blacks and middle- and upper-class Whites. But the victim analysis paradigm has many variations which dichotomize stigmatized minority groups with societally determined prestige referents (e.g., low-income Blacks versus middle-class Blacks, disadvantaged Hispanics versus Anglos, nonstandard English speakers versus standard English speakers, Southern Blacks and Whites versus Northern Blacks and Whites, limited English proficient speakers versus acculturated speakers, Headstart preschoolers versus private preschool enrollees, etc.).

Most researchers who conduct victim analysis research are not vicious or bigoted in their intent. According to the statement of purpose of the majority of these studies, victim analysis research falls into three categories: (a) those done to demonstrate cultural differences, (b) those done to demonstrate socioeconomic differences, and (c) those done to demonstrate racial differences. There are problems with each of these rationales.

Cultural Differences

There is a basic fallacy of studies done to demonstrate cultural differences between minorities and Whites. It suggests that performance differences are all culturally based when many are societally or externally evoked. Kochman (1984) provided a classic example of this in his research findings. He found that Black and White students gave different reasons to explain why sales clerks are so attentive to customers in exclusive department stores. The White students interpreted the close attention as indicative of the high quality of services expected from such stores. The Black students interpreted the close attention as indicative of being suspected of stealing. Though different, the Black students' interpretation was not culturally based or enrooted in custom, tradition, ritual or heritage. Rather, it was a response evoked by experiences with societal or institutional bias.

Further, if the victim analysis paradigm were truly one to study differences between cultures, why is it that the standard comparison is between Blacks and Whites? Why not Blacks and Chinese, or Hindus and Mexicans, or Philipinos and Alaskan Aleuts?

Socioeconomic Differences

The problem with victim analysis research done to demonstrate socioeconomic differences is that it utilizes some easily quantifiable index, like income, to define a population. This approach promotes the erroneous assumption that minority individuals who are economically similar comprise a homogeneous group. This assumption fails to acknowledge the richness of within-group variability based on less quantifiable criteria. Variations in lifestyles, life experiences, personal aspirations, and other areas result in intragroup variability within the minority underclass.

Also, even when the specific minority group under study represents only a small segment of the entire socioeconomic continuum, there is a tendency for the behavior of that subgroup to become attributed to the entire racial/ethnic group, regardless of socioeconomic status. This is the genesis of stereotyping.

Furthermore, the results of research which promotes distinctions based on socioeconomic indices has limited applicability to clinical or educational settings. No diagnostic instrument or clinical or educational technique exists that is specifically designed for a particular income level.

Racial Differences

Victim analysis research done to demonstrate racial differences can be very dangerous. The name, eugenics, comes from the Greek word "eugenes," which means to be well-born. From the turn of the century to about 1945, the so-called science of eugenics was at its height. Eugenicists in America, Germany, and England argued that most behavioral traits were genetically determined and that these traits could be modified by controlled breeding. The eugenics movement led to sterilization and antimiscegenation laws and culminated in human breeding farms and concentration camps.

A resurgence of the eugenics movement has been growing over the past 3 decades. Although probably few speech-language pathologists and audiologists openly support this type of research, many professionals in the communication sciences probably have lent indirect support to it without knowing it. Most professionals in communicative disorders have purchased books published by Academic Press. In 1978, Academic Press published one of the most blatantly racist textbooks ever written on eugenics theory. Here is a direct quote from that text:

> The failure of the primitive mind to make use of what we call evidence represents an interruption or cessation of evolutionary development. One of its consequences is the failure to accept or demand the principle of individual responsibility, a failure that effectively blocks the further evolution of society. Another of its consequences is the failure of primitive language to convey the inferences and connections we require for expressing scientific or, indeed, civilized thought. All languages, of course, differ in the subtleties they can express. But they can be placed in an evolutionary series in an inevitable relation to the lives and experiences of the people who use them. A vast range, hardly to be measured in one dimension, may be found among those who speak some form of English, from the "pidgin" English of New Guinea or the "black" English of New York to our technical or poetic sophistication at the other extreme (Osborne, Noble, & Weyl, 1978, p. 382).

One would think that such a book would have been difficult to publish in the late 70s and certainly not by a subsidiary of the largest publishing company in the country. This author contends that victim analysis research done to demonstrate racial differences is a more subtle form of the eugenics.

Deleterious Consequences

Victim analysis research has negative deleterious consequences for minority populations, in general, and for poor minorities specifically. However, the effects are so subtle that when viewed from the perspective of scientific inquiry, professionals may not be aware of its negative impact. The effects are similar to the influences of subliminal seduction. The classic demonstration of how people can be influenced at a subconscious level was when experimenters interspersed pictures of popcorn and Coca-Cola within a movie film. These pictures were on single frames and appeared for only a few milliseconds at a time. These pictures occurred so rapidly that they were not perceived at a conscious level. However, they were perceived at a subconscious level as evidenced by the marked increase in the sale of Coca-Cola and popcorn during the movie (Key, 1974; Packard, 1957).

In the same way that repetitious presentations of subliminal messages affect the behaviors of movie goers, the repetitive nature of victim analysis research throughout the social science literature influences attitudes toward economically disadvantaged minority people. Professionals have read victim analysis research continuously as students, they read new victim analysis research to stay current in the field, and they model the victim analysis paradigm to produce new victim analysis research. This repetitive exposure to research that almost invariably concludes that poor minorities are different (inferior) to "Dick, Jane, and Sally" perpetuates negative stereotypes, shapes behavioral expectations, sets up the conditions for the self-fulfilling prophecy—but what is worse, it contributes to the creation of cultural pluralism within each racial/ethnic group and maintains the social distance between the "educated, proper folk" and the masses of people in this country.

It is conceivable that the subliminal effects of victim analysis research also influences government policy relative to poor minorities. During the 70s, Arthur Jensen (1969), whose eugenics research claimed genetic inferiority of Blacks, was receiving national exposure. During the height of Jensenism, Daniel Moynihan, a prolific social scientist who was Richard Nixon's presidential advisor, stated that "the winds of Jensen were gusting through the Capital at gale force." John D. Ehrlichman (1982), former domestic advisor to Nixon, wrote in his book, *Witness to power*, that Nixon believed that such programs as open housing, affirmative action and busing would not do any good. Further, Ehrlichman wrote that Nixon made repeated comments about American Blacks and their ability to benefit only marginally from federal programs because Nixon felt that Blacks were genetically inferior to Whites. All the federal money and programs that were devised could not change that fact, he believed. Despite the fact that Nixon felt Blacks could never achieve parity—in intelligence, economic success or social qualities, he said, we should still do what we could for them, within reasonable limits, because it was 'right' to do so (Barbash, 1981).

It is also important to note that the majority of congressmen in Washington have law degrees and were practicing attorneys before being elected to Congress. Although attorneys come form a variety of academic backgrounds, most attorneys majored in some area of the social sciences. Thus, most of our congressmen, at some time, experienced the repetitive exposure to victim analysis research. And it is sobering to realize that victim analysis research is probably the only exposure that many congressmen have had to minority people.

Paradigm Prejudice

The victim analysis orientation can restrict the research options available from agencies that fund research proposals. Some have termed such restrictions as *paradigm prejudice* (Laboratory of Comparative Human Cognition, 1983). A vivid illustration of this was demonstrated recently to Dr. Ana Fay Vaughn-Cooke and Dr. Ida Stockman, both of whom are prolific researchers in linguistics.

Vaughn-Cooke and Stockman submitted a proposal to a national research foundation to study semantic development in children.[2] Their experience with the agency was so blatantly questionable that it became the subject of a major editorial published in *The Quarterly Newsletter of the Laboratory of Comparative Human Cognition* (1983). Specifically, Vaughn-Cooke and Stockman proposed to systematically examine factors that affect the coding of discrete locative concepts (i.e., static and dynamic directionality, positionality, and origination). They proposed to analyze literally thousands of videotaped utterances of 12 male and female subjects. The subjects would range in age from 18 months to 6 years and the language sampling for each child would span a year and a half.

The proposal was denied. But, what is of concern is that at the core of the denial was the intent of these researchers to study children from working class Black families.

Clearly, the semantic marking of directionality, positionality, and origination is not affected by grammatical or phonological dialect variations in the English language. Relational semantics are cognitively and perceptually tied. Thus, unless one were to accept the deficit hypothesis, one would not expect differences across racial or dialect groups. In fact, Vaughn-Cooke and Stockman's earlier study, indeed, showed that the develpoment of locative verbs in Black children is parallel to that found by researchers who studied other children (Stockman & Vaughn-Cooke, 1983).

One reviewer of Vaughn-Cooke and Stockman's proposal described it as tightly written, the design exemplary, the literature well searched and the topic handled with insight. But the reviewer also acknowledged that the researchers were coming from "a different tradition." More direct comments about the proposed subjects were made by other reviewers. They indicated that the claim that dialect usage is irrelevant to the proposed study was "unconvincing" and "dismissed offhandedly." One reviewer, who rated the proposal as poor, explicitly stated that Vaughn-Cooke and Stockman could improve the proposal by adopting the victim analysis paradigm. The reviewer stated:

> "It would be interesting if the investigators increased their sample to include children who are primarily speakers of Black English as well as a sample of children who are not Black English speakers and then to examine whether indeed group differences do exist."

MULTICULTURAL RESEARCH NEEDS

Those involved in multicultural research must dispense with the status quo. They must reassess their professional values. They must take a new orientation toward their professional roles. They cannot view multicultural research as simply a contribution to the body of professional knowledge. They cannot afford to conduct multicultural research for sheer heuristic inquiry; nor should they engage in multicultural research for ego gratification, missionaristic motives, or simply to fulfill a requirement for tenure. Their research questions must stem from vital needs and issues with the purpose of enhancing the quality of life of minority people.

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[2] Readers interested in receiving a copy of the proposal, reviewers' comments or responses, contact the Principal Investigators directly: Ana Fay Vaughn-Cooke and Ida Stockman, Universtiy of the District of Columbia, Mount Vernon Campus, Department of Communicative Disorders, Room 401, 724 Ninth Street, N.W., Washington, DC 20001.

As a result of the ever increasing number of minority Ph.D.s and forthcoming projects of the ASHA Office of Minority Concerns, it is predicted that multicultural research in the communication sciences is about to proliferate at an unprecedented rate. As research questions and hypotheses are developed, researchers cannot have the narrow belief that their own study on an *N* of 10, published in *JSHD*, will not impact on the world. Taken collectively, multicultural research will have a profound effect. Therefore, researchers must be ever cognizant of the fact that multicultural research is a political activity. Researchers must recognize the potential power that they possess when they engage in that activity and use that power wisely.

There are numerous topics relative to racial ethnic minority populations that need serious empirical and experimental study, none of which requires the victim analysis paradigm.

Social Dialects

In the area of speech and language, the whole topic of social dialects needs a full scale revival. Black English, for instance, was of high interest in the late 60s and early 70s. But the emphasis in the professional literature shifted to bilingualism and pragmatics before all of the questions about nonstandard dialects were answered. There is a need for more normative data on the development of phonology and grammar in Black English. Likewise, similar studies of Vietnamese English, Spanish English, American Indian English dialects, and other dialectal varieties of English are needed.

Nondiscriminatory Assessment

More research in the area of nondiscriminatory assessment is needed. The topic of test bias became prominent in the professional literature in the 60s. Two decades later, there are still no appropriate instruments for assessment of linguistic minority groups including both social dialect speakers and native speakers of languages other than English.

Psychoacoustics

There is a need for careful examination of language variation beyond the level of linguistics to psychoacoustic analysis. It is an intriguing notion, for instance, that what is typically described as absence of plural, possessive, past tense, and third person singular may not be truly the absence of those markers. Perhaps there are subtle acoustic cues present which are perceived by social dialect speakers which can only be observed through computerized spectographic analysis.

Organically Based Disorders

Multicultural research in the area of organically based communicative disorders is sorely needed. Otological problems and related hearing loss are found to occur more frequently among American Indians than in the general population. Estimates of the magnitude of the problem of otitis media among American Indians vary according to geographic location, but estimates range from 20% to 49% (White, 1981). The most striking cause of hearing loss among Blacks appears to be related to sickle-cell anemia, an abnormal blood condition occurring in 2% of the Black American population. Anemia and thrombosis seem to be the two major causative factors of hearing loss following sickle-cell crisis. Further, the hearing loss, which is typically sensorineural, appears to be progressive or degenerative and cumulative with each episode of sickle-cell crisis (Morgenstern & Manace, 1969; Sharp & Orchik, 1978; Todd, Sergeant, & Larson, 1973; Urban, 1973).

Fluency Disorders

In the area of fluency disorders, there is evidence of sociocultural influences on the development of dysfluent speech or stuttering. For instance, numerous authors report that fluency problems occur less in American Indian populations than in the general population (Johnson, 1967; Milisen, 1971; Van Riper, 1963). Blacks show a tendency for dysfluent behavior characterized by covert, nonaudible prolongations, repetitions and a large number of relatively severe secondary characteristics including total avoidance of speech (Leith & Mims, 1975). Because Black culture places a high premium on oral proficiency, such behaviors, which in effect mask stuttering behavior, tend to be consistent with the social values of the culture (Taylor, 1980).

Service Delivery Models

Studies of alternative service delivery models which are appropriate for minority populations are needed. Examples of research areas that could lead to improved service delivery systems for minorities include: methodology for establishing local norms of speech and language behaviors, strategies for conducting a sociolinguistic inventory of a language sample, applications of computer technology for assessment and remediation of minority language populations, strategies for optimum training of translators as supportive personnel and even the integration of traditional healing methods in the remediation of communicative disorders.

Primary Prevention

Another area in need of serious examination in the prevention of handicapping conditions among minorities. Economically disadvantaged populations, which include disproportionately large numbers of minorities, are at greater risk for the causes of handicapping conditions. The etiologies associated most frequently with handicapping conditions overlap with the conditions most associated with poverty. Low income and minority populations are often more predisposed to causes of disorders related to cerebral vascular disorders, prenatal and natal trauma, teratogenic agents (such as lead poisoning, fetal alcohol syndrome and other substance abuse), head trauma (resulting from domestic violence, violent crime and accidents), nutritional disorders and environmental factors. Thus, economically disadvantaged and minority group persons are at greater risk of becoming handicapped and have the greatest need for primary prevention strategies.

Epidemiology

Basic epidemiologic information is needed on the incidence, prevalence and risk of recurrence of communicative disorders in minority populations. While hundreds of studies have been conducted to provide epidemiologic data on various disorders of speech, language, and hearing in the general population (Healey, Ackerman, Chappell, Perrin, & Stormer, 1981), only scant reference has been made to racial/ethnic minorities. In studies where race is delineated, the comparison usually does not include the four categories recognized by the federal government as minority groups (Blacks, Hispanics, Asians, and American Indians). Typically, the comparison is between Whites and "Others" or Whites, Blacks, and Others.

Due to gaps in the statistical data base relative to minority populations, the ability to provide accurate information for counseling purposes is severely limited. For example, it is known that the incidence of cleft lip and/or palate varies cross-racially (Chung & Myrianthopolous, 1968; Neel, 1958). The highest incidence is among the Asian population (1:469), the mid incidence is in the White population (1:746) and the lowest incidence is in the Black population (1:2439). However, risk figures, which are commonly used to give the probability of recurrence of cleft lip and/or palate within a given family, were derived from epidemiologic study of White populations in Denmark, Montreal, and Toronto (Curtis, Fraser, & Warburton, 1961). No recurrence risk figures currently exist based on epidemiologic surveillance of a minority population. Given the difference in incidence cross-racially, the recurrence risk figures derived from a White population are probably grossly inflated for use with a Black population and underestimated for Asian populations.

Public Policy

More study is needed of the effectiveness of public policy and legal precedents that affect the minority handicapped. Congressional commitment to improving education and rehabilitation opportunities for the millions of handicapped persons in this nation has been commendable. The Education For All Handicapped Children Act of 1975, P L 94-142, requires that educational services be provided to all handicapped children who are between the ages of 3 and 21. The Economic Opportunity Act P L 93-644, now stipulates that at least 10% of the enrollments in Head Start programs in each state be handicapped children and that services be provided to meet their special needs. The Education Consolidation and Improvement Act, P L 89-313, provides services to handicapped children enrolled in state institutions. The Rehabilitation Act of 1973, P L 93-112, provides comprehensive rehabilitation services designed to help handicapped persons become employable. Section 504 of the Rehabilitation Act prohibits discrimination on the basis of a handicapping condition in every federally assisted program or activity in the country.

However, it is apparent that disparities exist in the administration of public programs across groups. Lawsuits such as *Dianna v. Board of Education* (1970), *Lau v. Nichols* (1974), *Larry P. v. Riles* (1972) and *Martin Luther King Junior Elementary School Children v. Ann Arbor School District Board* (1979) found violations relative to educational discrimination and cultural interference. During the 1980-81 and 1981-82 school years, 127 complaints concerning the implementation of P L 94-142 were handled by the Office of Civil Rights within the Department of Education (U.S. Department of Education, 1983). The study, *Portrait of inequality*, conducted in 1981 by the Children's Defense Fund, substantiated that the combination of race/ethnicity and poverty status has a profound effect on health status, the type of facility where health services are obtained and the type of credentials of the health care provider (Edelman, 1980).

Developing Regions

The paucity of literature on communicative disorders on Blacks, Hispanic, Asians, and Indians in the United States is magnified when the scope is expanded to include Africa, Asia, and Latin America. If there indeed, is a concern about underserved populations, the communicative disorders profession must become involved in topics that affect developing nations. Primary health care, tropical medicine and tropical disease are fertile research areas for speech, language, and hearing disorders. Also in need of study are the effects of colonization and government policies such as apartheid on health status, service delivery, and communicative disorders.

These are just a few examples of multicultural research topics that are in need of empirical or experimental study, none of which requires the victim analysis paradigm. Within the discipline of human communication and its disorders, a long litany of multicultural research needs exists. The important thing is that these studies be approached from the perspective of the particular culture under study.

RECOMMENDATIONS

In this book *Afrocentricity: The theory of social change*, Molefi Asante (1980) stated that there are three basic qualities possessed by socially reponsible researchers. Those qualities are competence, understanding of the subject and clarity of perspective.

There is no question of the competence of researchers in the communication sciences. There are many true scholars within the discipline.

It is evident that professionals in the communication sciences are gaining greater understanding of minority issues. In the past 2 decades, there has been a heightened sensitivity demonstrated regarding the unique communication problems and lingusitic differences of minority populations.

But professionals involved in multicultural research must strive harder to maintain clarity of perspective. This is where there is difficulty. Researchers in the communication sciences are taught to emulate physical science research by maintaining distance and detachment from the subject in order to produce *objective* results. However, by bringing *subjective* information into the investigation, authenticity is added to their observations.

To assure that clarity of perspective is maintained, it is suggested that researchers ask themselves the following questions as they formulate research questions, conduct their studies, and interpret their findings relative to minority populations.

1. Does my research question really address a major need of minorities or is it merely an exercise in scientific inquiry?
2. Is my performance variable based on a White middle-class referent or an ethnocentric model?
3. How can I study my hypothesis without using the victim analysis paradigm?
4. Do I interpret my findings in terms of the deficit theory or do I interpret my findings in terms of cultural influences, racial discrimination or social disparities?
5. How could my findings be misinterpreted to the detriment of minority people and have I countered those potential misinterpretations in my discussion of my findings?

Careful analysis, such as this, throughout the research process can result in a de facto moratorium against victim analysis research.

Scholars, academicians, and researchers are among the gifted 10%, the intellectual elite, and the highly educated professionals in this nation. With that distinction comes a tremendous responsibility and a tremendous challenge to serve the masses of disadvantaged people in this country. Thus, it must be their mission to convey to the scientific and professional world that it is *perverse* to cripple a person and then criticize the way that person walks.

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Chapter 19

THE DEVELOPMENT OF LINGUISTIC NORMS FOR NONMAINSTREAM ENGLISH SPEAKERS

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Does a speaker have normal language or not? What kind of language knowledge must the speaker acquire in order to be normal? In what sequential steps must such knowledge be taught during therapeutic intervention? These are among the most fundamental questions that we attempt to answer with the aid of normative language data in clinical settings. When focusing on speakers who acquire nonmainstream English, the critical norming issue is no longer that of defending the need for data. Two decades of research have sharply focused the need for normative data by revealing the negative consequences of applying the linguistic norms of other groups to nonmainstream speakers. The disproportionate representation of minority children in clinical caseloads and in the lowest ability classes of primary and secondary U.S. schools bears testimony to both the need and lack of adequate normative data (Bartel, Grill, & Bryen 1973; Mercer & Brown, 1973). If normative data are needed, but lacking, it follows that the current and most pressing norming issue is one of how to obtain them.

Like any group of speakers, normative data on nonmainstream speakers must be based on knowledge of what they typically know about language at different ages, the sequence of skill acquisition as well as the range of psychological and sociocultural factors that impact on language use in the real world. Research can and must play an important role in establishing this kind of knowledge base. But the task of obtaining empirical knowledge about normal behavior extends beyond the challenge of simply doing more and more research; it also requires careful attention to the kind of research that is done.

This paper calls particular attention to the critical role of the theoretical and methodological framework in shaping the kind of normative research that is done. As a powerful tool of scientific inquiry, the framework can enhance or constrain what and how normative data are sought and the way they are interpreted, once obtained. This point of argument is pursued by examining conceptual framework issues underlying the small, but growing body of language acquisition research on Black children who acquire nonmainstream features of English (i.e., Black English (BE) in contradistinction to Standard English (SE)).

The norming of children's linguistic performances requires significant input from acquisitional research. Given the inherently variable nature of an evolving linguistic system, children's norms must be based on a description of the emergence and evolution of language across time. Such a description is a fundamental goal of language acquisition research.

Children who acquire BE offer an exemplary case for a framework analysis. Not only do they constitute the largest group of nonmainstream U.S. speakers, but the failure of research to yield an adequate normative data base after more than 2 decades of controversy about their language abilities should readily invite questions about the conceptual frameworks that have guided the research.

The language research on BE speakers has been guided historically by relatively narrow conceptual frameworks that severely restricted what could be learned about normal developing performances. The specific goal of this paper is to demonstrate the need to etch a new framework for conducting language research on BE speaking children in order to derive the kind of normative data that are relevant to solving existing assessment problems in clinical and educational settings. This goal is achieved by (a) exposing how the framework limitations of the earliest acquisitional research have restricted development of a comprehensive normative data base, and (b) illustrating the kind of normative data that can be yielded when research is guided by an expanded theoretical and methodological framework.

THE LIMITATIONS OF EARLY LANGUAGE ACQUISITION STUDIES: THE LEGACY OF THE DEFICIT/ DIFFERENCE FRAMEWORKS

Acquisitional studies make up just a small subset of language research on Black children. Inferences about framework limitations underlying this research are based on a still smaller set of early studies conducted in the mid to late 70s. These include the pioneering works of Cole (1980), Kovac (1980), Reveron (1978), Steffensen (1974), and Stokes (1976). See descriptive summaries of these studies in Stockman (1986), Stockman and Vaughn-Cooke (1982a), Vaughn-Cooke and Stockman (1981). Although the developmental focus of these early studies set them apart from the bulk of the language research on Black children, their theoretical and methodological orientation reflected the continuing impact of the well-known deficit/difference frameworks that historically had dominated the larger body of language research on this group.

It is now well known that the deficit/difference frameworks did not motivate questions about language performance that could lead to data on what Black children normally know about language at different ages except in an incidental way. See Blake (1984), Stockman (1986), and Stockman and Vaughn-Cooke (1986), for a review of these frameworks within the context of language acquisition. Rather, the study of Black children's language was conceptualized mainly in the context of revealing how it compared with other groups of speakers or how it varied with the requirement to speak SE or BE. Hence, the research had an intergroup and *not* an intragroup focus as a normative knowledge base requires. The terms *deficit* and *difference* refer to *the kind of* explanations that were offered for the observed verbal differences between Black children and other groups of speakers.

The earliest observed differences were explained in terms of a verbal deficit as evidenced by Black children's assumed use of incorrect grammatical patterns. See, for example, Raph (1967) and Entwisle (1968). Later studies explained group differences between Black and White children in terms of systematic language differences. The latter perspective meant that BE was no longer viewed as simply an incorrect form of SE, but as a separate rule governed system having the same constraints as any natural language (Baratz, 1969; DeStefano, 1972).

The shift from a deficit to difference view reflected the impact of sociolinguistic theory. However, it is important to note that while the enlightened claims of sociolinguistic theory evolved from *intragroup* analysis of adult BE speakers (e.g., Fasold, 1972; Wolfram, 1969), the *intergroup* comparative theme remained staunchly in place for parallel research on the children who acquire BE. The comparison of Black and White children on verbal tasks oriented toward SE merely was replaced by the comparative focus on Black children's proficiency on verbal tasks oriented toward two different linguistic systems, namely BE and SE. Not surprisingly, some studies compared racial groups on these cross-dialectical tasks as well. For example, see Marwit (1977).

The methodological strategies of the deficit/difference studies reflected their comparative conceptual focus in at least two ways. First, when age-graded data were used at all, cross-sectional rather than longitudinal data were obtained. This strategy was adequate, nonetheless, since the primary reason for studying children at different ages was to show if intergroup differences were generalizable across age, and not how the linguistic knowledge of the same speakers changed over time with respect to a given system.

Second, the focus on intergroup differences naturally demands methodological strategies that insure equivalent observation conditions across the subjects or tasks being compared. Standard elicitation tasks and presentation modes must be used to minimize the confounding influence of extraneous task variables on group or task differences. Such controlled elicitation tasks having fixed time limits, undoubtedly encouraged the large subject samples that characterized a number of the deficit/difference studies. The resulting quasi-experimental data, therefore, stood in sharp contrast to the highly individualized character of ethnographic, naturalistic data.

After more than a decade of research that had legitimized the study of Black children's language only in the context of linguistic differences, one can appreciate why the initiation of acquisitional studies represented such a fresh reorientation. The studies of Cole (1980), Reveron (1978), Steffensen (1974), and Stokes (1976) were among the first attempts to focus just on Black children using their own native dialect as the reference point for judging linguistic proficiency. But, despite the absence of the comparative SE speaker group and/or proficiency task in these early acquisitional studies, their investigative framework reflected the continuing impact of the deficit/difference hypotheses (Stockman & Vaughn-Cooke, 1982a). One is particularly struck by the fact that though the research was unmistakeably developmental in focus, it did not conspicuously nor consistently reflect the theoretical and methodological thrust of developmental psycholinguistic research despite the relevancy of this thrust to describing the language of any group of children. Here reference is made to developmental psycholinguistic studies that have placed priority on obtaining primary linguistic data by making intensive observations of children's spontaneous language in naturalistic contexts, beginning at an early age; studies that have placed priority on revealing the kind of developmental linguistic knowledge that could lead to hypotheses about universal processes and strategies that all children use in learning a language. For example, this priority in the 60s was reflected in the study of linguistic form (e.g., Brown & Bellugi, 1964; Cazden, 1968). In the 70s, this priority was reflected in the focus on semantic and pragmatic knowledge (cf. Bates, 1976; Bloom, Lightbown, & Hood, 1975), and the impact of such knowledge on the learning of linguistic forms (e.g., Antinucci & Miller, 1976; Bloom, Lahey, Hood, Lifter, & Fiess, 1980).

In contrast, the initial investigation of Black children's language acquisition did not seek to ask or answer fundamental questions about their development such as when do they acquire two and three word utterances or what kind of semantic content is coded by their linguistic forms. Reflecting the influence of the deficit/difference frameworks, their major priority was that of revealing the ages at which Black children exhibit BE features. Explicit or implicit guidance by such narrowly defined subject matter for study had the consequence of limiting the resulting normative data in three significant ways as considered below.

The Studies Were Limited By the Isolated Focus on Linguistic Form to the Exclusion of Semantic and Pragmatic Features

Although research on other groups of speakers had begun to show the inadequacies of isolated form analyses, the first studies of Black children's language development focused exclusively on linguistic form. For example, Cole (1980) studied 19 features that included "pluralization, possessives, past tense, copula and auxiliary verbs, third person singular, past tense copula, present tense concord, indefinite article, reflexive pronoun, demonstrative pronoun, personal pronoun, first person future, multiple negation, embedded question, go as copula, distributive aspect, remote completive aspect, *at* in content questions and hypercorrection," (p. 55). One or more of these same features also were studied by Kovac (1980), Reveron (1978), Steffensen (1974) and Stokes (1976).

The emphasis on linguistic form is not a surprising one given its accessibility to observation. In fact, linguistic form (syntax, morphology, phonology) dominated the earliest linguistic focus on all groups of children. But, as the theoretical orientation of child language research shifted to other levels of description, the emphasis on linguistic form was sustained in the study of Black children, by focus on just those features that happen to differ from SE. Preoccupation with dialect specific patterns necessarily imposes a focus on form. The activity of the language interpreter, whether translating English into American Sign Language, Swahili, or German, provides potent evidence for the fact that it is the linguistic form (i.e., the inventory of sounds, words, and word combinations), and not meaning, that principally differentiates linguistic systems.

To be comprehensive and adequate, however, a normative knowledge base also must include information about age-related differences in the semantic and pragmatic dimensions of language. This requirement takes into account the fact that learning a language involves more than learning the rules for deriving sounds, words, and word combinations; it also involves learning to map such structures onto the underlying knowledge about conceptual relations among objects (meaning), and in addition, rules for expressing such form/meaning relations in socially meaningful situations (use). Assessment protocols are not optimally adequate if they do not reflect normative linguistic performance in the real world. Fortunately, assessment trends are moving in the direction of supplementing formal standardized tests with other procedures that permit better observation of semantic and pragmatic aspects of language. See Butler (1981), Seymour and Miller-Jones (1981) and Seymour (chapter 10) in this monograph. Such assessment trends are no less important for speakers of nonmainstream English.

It is not enough to employ frameworks that merely provide for the analysis of meaning and use as additional, but isolated, dimensions of performance. The frameworks that guide developmental descriptions must capture the interaction among form, meaning and use (i.e., show if and how the development of linguistic form is influenced by meaning and use). For example, it has been observed that semantic context influences the acquisition of grammatical inflections, which were among the forms investigated in the above cited developmental studies on BE.

Consider the study by Antinucci and Miller (1976). They investigated the *ed* past tense inflection in the speech of eight children who ranged from 1:6 to 2:2 years. The results demonstrated that early on, this marker was not used arbitrarily to inflect any type of verb in an utterance. Rather, it was attached *first* to verbs such as *jump, move, stop* that code a change in object state with clear results. It was concluded that children first learn to code past events that result in present states.

Antinucci and Miller's (1976) results suggest that assessment protocols ought to be based on normative developmental data that are sensitive to the kind of semantic contexts that impact on the learning and use of language form. If one, for example, designs an elicitation task to tap a child's knowledge of the *ed* form, a wrong conclusion could be reached about developmental absence if the verbs are selected arbitrarily and do not include those that define the semantic context for its use at a given age. Consequently, an isolated focus on linguistic form not only limits information about the meaning and use of language, it also limits what can be learned about linguistic form to the extent that form is influenced by these other dimensions.

The Studies of Linguistic Forms Were Limited Further by the Focus Just on Dialect Specific Features

Inspection of the types of linguistic forms that were investigated in the earliest BE acquisitional studies reveals that their focus on linguistic form was restricted by an emphasis on just those forms that distinguish BE and SE. For example, copula absence was a chief focus on Kovac's (1980) study whereas the inflectional markers of past tense, third person singular, and plurality and negation markers were the foci of studies by Reveron (1978) and Stokes (1976), respectively. The studies of Cole (1980) and Steffensen (1974) included one or more of these features plus additional ones.

A comprehensive and adequate normative data base requires information about more than those features that identify dialect specific characteristics. BE dialect features account for just a small subset of the rich and complex language system that is acquired by Black children as will be shown by the data presented in a subsequent section of this paper. The language of these speakers includes many features that are common to all speakers of English and still others that are common to the languages of the world. In fact, a number of the BE dialect features (e.g., inflectional markers) do not represent the core grammatical features acquired by the child, but rather the later learned modulated features that must be added to the syntactic/semantic core or foundation as discussed by Brown (1973). For example, children are likely to put nouns and verbs together to code an action event before they add the *ed* past tense marker to verb stems such as jump, laugh, cry, to code the time of the action. Consequently, if one focuses on the acquisition of a small subset of dialect specific features, then the resulting normative data will not allow the clinician to determine if a Johnny is putting words together in a sufficiently complex manner for his age or if he has age appropriate lexical/syntactic structures for talking about actions, states, locations, etc.

To provide the kind of normative data that will fully accommodate assessment goals, language acquisition studies on Black children must move toward frameworks that can reveal how the total linguistic system is acquired and not just those features that differ from SE. As Vaughn-Cooke and Stockman (1981) noted, the goal of providing a comprehensive picture of developing language can be a primary one without ignoring questions about dialect features.

Normative Data Were Derived From Use of Research Methods That Could Not Systematically Reveal Normal Linguistic Performance

With the exception of Seffensen's (1974) longitudinal study

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of two children, the early language acquisition studies on Black children employed age cross-sectional sampling and analysis of relatively large groups. Stokes studied 36 children whereas Cole (1980), Kovac (1980), and Reveron (1978), studied 60, 26, and 40 children, respectively. Large sample sizes obviously add credibility to the findings, but their advantages can be offset by at least two significant constraints that are imposed on the resulting data.

First, large subject samples are often studied by using standard elicitation tasks. Such tasks make it practically difficult to observe the natural or typical state of children's linguistic performances. The term, *normative*, refers to the natural or expected occurrence of a phenomenon in its untampered state. Standard elicitation tasks constrain what children say, and the way they may say it in the absence of a naturalistic communicative context. This is because one has to determine beforehand which observations are relevant and construct the task so as to yield such predefined response features. One cannot discover what is typical occurrence when data elicitation strategies at the outset are guided by presupposition about which features ought to occur.

Stockman (1986) has suggested that naturalistic data sampling represents the most appropriate starting point for investigating a language system about which little is known. This recommendation is compatible with what is known about the natural evolution of an empirical body of knowledge. See Hyman (1964) for a discussion of this point. Unlike elicitation tasks, which must be based on some notion about what is relevant to observe, naturalistic observations require few prior assumptions about the form the data must take. This leaves open the possibility to discover normal or typical features of a developing system. The coupling of naturalistic data with a longitudinal sampling strategy, has the additional power to verifying developmental order in a way that cross-sectional data cannot do. It is the observation of the same individuals across time that provides the most powerful evidence of developmental order. The inference that feature X, observed in a 4-year-old group precedes the emergence of feature Z, observed in a different group of 5-year-old children, can be stated with the greatest confidence only when the XY sequence is corroborated for the same child observed over time.

There is a second way in which large subject samples limit normative data. Large sample analysis, with its emphasis on a group performance, necessarily masks individual variation. Yet, a normative data base must be able to capture the range of individual variation that is known to exist. No population of children presents homogeneous performances. Black children, like any group, differ in their linguistic and social experiences as well as in other ways that impact on language performance. These individual differences are important to clinical judgments since the clinician decides whether a single speaker rather than a group of speakers is normal or abnormal. In order to make the most appropriate clinical judgment, the clinician must be guided by normative data that are capable of isolating the features on which individuals can be expected to differ normally from those that represent the cross-speaker invariance for a given age related stage of development.

It must be added hastily that the norming problem resulting from reliance on large group analysis of elicited cross-sectional data, is not restricted to developmental studies of BE. In fact, cross-sectional developmental data are collected more frequently than longitudinal developmental data because they are more easily obtained. However, cross-sectional trends fortunately can be validated against existing naturalistic, longitudinal data for children who acquire SE. Given the absence of naturalistic longitudinal data on BE speakers, the exclusive emphasis on cross-sectional sampling strategies cannot be viewed as adequate.

EXPANDING THE FRAMEWORK OF ACQUISITIONAL STUDIES ON BLACK CHILDREN

Just a few acquisitional studies on BE speaking children appear to reflect an expanded framework. These include a large scale research project that was initiated through the Center for Applied Linguistics in Washington, DC (Vaughn-Cooke and Stockman, 1981; Stockman & Vaughn-Cooke, 1982a; 1982b; 1984) as well as the dissertation works of Blake (1984), and Bridgeforth (1984), and Peters (1983). See summaries in Stockman (1986). These studies are similar in that they were guided by a framework that exploits the advantages of naturalistic, spontaneous language sampling and permits the examination of linguistic forms in the context of meaning and/or use. The research initiated by Stockman and Vaughn-Cooke is singled out here for description in order to illustrate how a reoriented framework can expand the normative data base on Black children.

Goals of the Example Study

This research, which was initiated in 1980, by Stockman and Vaughn-Cooke, is a long-term project still in progress. The multifaceted goals of the research are to document the acquisitional order and age at which BE speaking children acquire (1) categories of meaning such as action, state, location, causality, etc. and (2) the syntactic, morphological, and phonological forms for coding semantic categories.

Methods of the Example Study: Data Sampling

To meet the investigative goals cited above, 12 Black children from working-class families were selected for intensive longitudinal study. All subjects lived in monolingual communities of Washington, DC where BE was spoken. Four children were selected at each of three age cross-sections (1:6, 3:0, and 4:6 years) with equal male/female representation in each group. The language development of each child was tracked by obtaining 1 to 2 hour samples of their spontaneous spoken language once every 4 to 6 weeks over an 18-month time period. Instead of bringing the children to a foreign setting such as a university laboratory or clinic, the data were collected by making visits to their homes in order to observe natural use of language. More than 80 pounds of audio-visual equipment were lugged to each child's home to record what was said and done as he/she played and talked to mother, sister, cousin, friend, and to the investigators who attempted to become natural extensions of the children's environments as participant observers. When data collection was completed, the cross-sectional/longitudinal data base consisted of more than 350 hours of data that spanned the age range of 1:6 to 6:0 years, which is the earliest and most dynamic period of early language acquisition.

METHODS OF THE EXAMPLE STUDY: DATA ANALYSIS

What kind of questions were asked of the data? The first questions asked of the data did not focus on linguistic forms—either universal or dialect specific. Informed by theoretical frameworks that view meaning as more primary than linguistic form, the search was made initially for the kind of concepts expressed by the children's utterances. Using the semantic category taxonomy employed by Bloom, Lightbown, and Hood (1975) and described by Bloom and Lahey (1978), the initial data analysis focused on whether the children's utterances coded such major catgories of meaning as action, state, location, possession, etc. For example, utterances like *fell down* or *put the ball in the well* refer to object location whereas utterances like *I am tired* or *I want food* refer to object states. See Stockman and Vaughn-Cooke (1982b) for preliminary results from this global semantic category analysis.

The data were prepared for analysis by inspecting the video tapes and recording everything that the child said, in addition to relevant contextual detail that provided evidence for the semantic category assignment. In recording contextual details, attention was given to aspects of the situational context such as who was talking to the child prior to and following an utterance, what the child was doing at the time of an utterance, etc. Observing, for example, that a child placed an object inside of a box when producing an utterance such as *put it in the box*, provided supportive contextual evidence that the utterance coded information about spatial location.

After the utterance had been assigned to particular semantic categories, an inquiry was made about the specific types of lexical and grammatical forms that were used to code the meaning. Hence, the exploration of linguistic forms was always done in some kind of semantic context, and linguistic forms were identified irrespective of whether they were characteristically BE.

Description of data analysis outcomes will be restricted here to just a small subset of the utterances observed. The subset includes *multiword* utterances that were observed during just the first of the 18 sampled months. The utterances were restricted further to just those which referred to the spatial location of objects and events.

Locative utterances were identified using linguistic and contextual criteria. For example, the linguistic criterion required inclusion of at least one word in the utterance that referred denotatively to spatial locative meaning. Naturally, this criterion yielded a large pool of utterances that included such words as *in, on, up, across*, etc. The 20 hours of data (2 hours per subject) for the baseline or first sampling period yielded more than 1,000 locative utterances across 10 subjects: two at 1:6 years and four each at 2:5 to 3:0 and 4:6 years.

The locative utterances, naturally, varied in length and complexity. At 1:6 years, single words predominated whereas multiword utterances predominated at 3:0 and 4:6 years. Among multiword utterances, "simple" noninterrogative syntactic constructions represented a predominant pattern at each age—accounting for all the utterances at 1:6 years and more than half (51% to 60%) of those at the two older ages. As used here, simple syntactic constructions were those which had one main verb as opposed to two or more main verbs. In a locative meaning context, these include such utterances as: boy *fell* down/ it's on the table/ I can *take* it from the chair/.

While there are many features of the so-called simple syntactic construction that could be described, I will focus here on its structural configuration as measured by the number, type, and order of main grammatical constitutents (i.e., subject, verb, object, and adverbial or prepositional complement). These four constituents were assumed to carry the basic information about the semantic content underlying a simple locative proposition.

The location proposition either explicitly or implicitly expresses a dynamic or static relationship between who or what is located and a locative site. The locative object may be coded by the grammatical subject (e.g., *The boy ran into the room*). It also may be coded by the verb object when the locative evoking agent is different from the locative object (e.g., *The boy put the ball in the room*). Explicit designation of locative site typically is coded by the adverbial or prepositional complement to the verb which takes the form of a single word or phrase (cf. *The boy ran away and The boy ran into the room*). The dynamic or static meaning relationship between locative site and locative object is coded typically by the main verb's reference to movement or nonmovement (cf. dynamic—*The boy ran into the room and* static—*The boy is in the room*). The number, type, and *order* of these major constituents can be used broadly to characterize the syntactic configuration of many simple multiword locative constructions.

Using locative grammatical patterns as the focus of analysis, let us now consider what the data can show when analyses attempt to overcome the three limitations of normative developmental descriptions that were described earlier in this paper. The data analyses are organized to show how descriptive adequacy is expanded when the analysis (a) includes more than dialect specific features, (b) examines linguistic forms in relation to semantic contexts and (c) accounts for individual variation in the context of group data.

RESULTS OF EXAMPLE STUDY

Analysis of Dialect Specific Forms

First, consider what the data show when the form analysis is extended beyond dialect specific forms. Using the constituent features as the measure of performance, Table 1 identifies seven patterns that accounted for the largest proportion of the *simple* locative utterances used. These patterns do not constitute an exhaustive list of those observed. Some patterns were deleted from analysis because they were not used at least twice by the same child or once by two different children. Patterns also were deleted from analysis if they were imitative, incomplete, elliptical, or ambiguous in meaning.

Among the seven syntactic patterns that met criterion for inclusion in the analysis, Table 1 shows that some patterns included a grammatical nominal/pronominal subject constituent (C, D, E) whereas others did not (A, B). Some patterns included as many as four constituents (D) whereas others included just two (e.g., A & E). Pattern E did not include a verb form whereas a verb was included in the other patterns.

Observing the asterisks at the bottom of the table, it can be seen that three of the seven patterns (E, F, and G) had characteristically BE features. Pattern E was characterized by copula absence (e.g., *He in the room*); Patterns F and G were characterized by the use of "go" to refer to static locative events (e.g., *There go the boy* and *There the boy go*). Such expressions were labeled as the "go copula" by Cole (1980).

The number of utterances per pattern ranged from 3 to 10 for the two children at 1:6 years and from 36 to 173 for the eight older children as can be derived from Tables 3 and 4 for those at 2:5-3:0 and 4:6 years, respectively. Each pattern's percentage of occurrence in every subject's data was determined and averaged across subjects in an age group as shown on Table 1.

Upon examining the data, one needs no statistic to appreciate the fact that dialect specific syntactic patterns accounted for significantly smaller percentages of the utterances used than did nondialect specific patterns. Although the trend was toward increased usage of BE features with increasing age, the three dialect specific patterns (E, F, and G) accounted for no more than 25% of the utterances observed for any age group. Obviously, had the data analysis focused just on dialect specific features, the bulk of the utterances would have gone undescribed. For example, no data would have been analyzed for subjects at 1:6 years since their one syntactic pattern was not dialectically marked. The analysis would not have revealed that at the two older ages, more than half of all simple locative utterances consisted of a grammatical subject *plus* two or more additional constituents (patterns C & D).

Analysis of Linguistic Form in Relation to Meaning

The second analysis reveals the necessity of examining linguistic forms in the context of meaning when developing a normative data base. A dramatic way to illustrate the importance of analyzing linguistic form in relation to semantic context is to show that this approach reveals additional information about linguistic performance that is not revealed by an isolated focus on linguistic form.

Inspecting Table 1 again, it can be seen that the occurrence of just one syntactic pattern at 1:6 years represents an obvious developmental difference from the occurrence of multiple patterns at the two older ages. Developmental differences between the two older age groups are less obvious given that (a) all seven patterns were used by both groups and (b) the percentages of 4:6 years are not systematically higher than those at 2:5 to 3:0 years. In fact, the percentages for the two groups were either identical (pattern D) or differed by no more than seven percentage points (patterns B and C). Even the largest group differences were not statistically significant [$z = 1.04$ and $z = 1.08$ [$p < .05$] for patterns C and B respectively). Thus, in the absence of further analysis, one is left to assume that differences between the two older groups, if they exist, are quantitative rather than qualitative. In addition, one may be tempted to assume that the syntactic patterns at each age were used to code any kind of locative content. But, neither assumption is supported by analysis of syntactic patterns in specific locative meaning contexts.

The analysis was expanded to include examination of the eight constituent patterns in relation to whether they coded dynamic or static locative events. Dynamic locative utterances refer to the displacement of objects from one position in space to another. In such constructions, action verbs co-occur with a single locative word such as *away, down, out, to,* or prepositional locative phrase such as *in the well* or *on the door,* etc. Examples of simple constituent patterns that code this type of meaning include the following: (a) she went away and (b) she went to the store.

Static locative utterances, on the other hand, refer to the position of an object without reference to the movement that caused it to be located in a particular position. In these constructions, nonmovement or state verbs co-occur with locative words or phrases. Examples of these utterances include the following: (a) *it's on the table and* (b) *she is at the store.* At the

TABLE 1. Mean percentages of seven syntactic constituent patterns represented among the simple locative utterances of working-class Black children at three ages in the first sampling period.[1]

Syntactic constituent patterns	*Examples* *SD Range*	*1:6* *(0)*	*2:5-3:0* *(2.4-10.5)*	*4:6 Yrs.* *(1:1-10.9)*
A. Verb + Complmt.	*Fell in the well/*	100%	12%	06%
B. Verb + Object + Complmt.	*Put ball in well/*		19	12
C. Subject + Verb + Complmt.	*Boy fell in well/*		30	37
D. Subject + Verb + Object + Complmt.	*Boy put ball in well/*		20	20
Subtotals		100%	81%	75%
**E. Subject + Complmt.	The *ball in the well/*		9%	13%
**F. Here + Go + Object	*Here go* the *ball/*		06	11
**G. Here + Object + Go	*Here* the *ball go/*		04	01
Subtotals			19%	25%

[1] The N values for individual subjects shown on Tables 3 & 4.

**These are syntactic patterns typical of Black English.

three ages. Table 2 shows percentages of occurrence for each syntactic pattern in dynamic and static locative contexts.

It is obvious that the seven constituent patterns were not evenly distributed in the dynamic and static meaning contexts for any age group. Dynamic locative meaning was coded predominantly by patterns A through D whereas static locative meaning was coded exclusively by patterns E through G. Just this information alone is useful for assessment purposes because it indicates that one is more likely to elicit certain syntactic patterns if the assessment protocol tailors the stimuli toward particular semantic content. For example, the data on Table 2 suggest that at 2:5 to 3:0 years, subject-verb-object constructions (pattern C), are more likely to occur in semantic contexts that carry information about the spatial displacement of objects than in those that do not carry such information.

Inspecting the data on Table 2 for developmental trends, one can once again observe the marked differences between children at 1:6 years and those at older ages. But the data reveal more than the fact that the youngest children used just one syntactic pattern to talk about location. They show further that this one pattern was used exclusively to talk about dynamic locative events. The older children's utterances, on the other hand, not only included several types of multiword simple constructions, but such constructions coded dynamic and static locative events.

These semantic contexts also expose developmental differences between the two older groups that were not simply quantitative in nature. Both groups used patterns A, C, and D, but they varied in the type of locative content coded with these patterns. At 2:5 to 3:0 years, dynamic locative meaning was coded by at least 78% of the utterances representing syntactic patterns A through D. At 4:6 years, the percentages of dynamic locative utterances decreased on patterns A, C, and D. This reduction is especially noticeable for pattern C the most frequently occurring pattern. Just 56% of pattern C utterances coded dynamic locative meaning at 4:6 years compared to 82% at the younger age. Group differences were statistically significant only for pattern C [$z = 3.26$ $p < .01$]. Significant decrease in the percentages of dynamic locative utterances at the older age meant that more utterances were used to code static locative events. In effect, this outcome indicates that the older group used patterns A, C, and D to code both dynamic and static locative events.

In sum, the analysis has shown that the seven syntactic patterns were not distributed equally in dynamic and static locative contexts at any age. Moreover the use of the same forms to represent two as opposed to one domain of locative meaning, exposes an important developmental difference between children at 2:5 to 3:0 and those at 4:6 years that was not captured when the syntactic patterns on Table 1 were observed in isolation of meaning. The implication for language assessment is that normative data must represent the range of linguistic forms used by children at different ages, as well as the type of meaning coded by these forms.

Analysis of Individual Differences

The goal of the third and final analysis was to show the importance of considering both group and individual subject data in achieving normative descriptive goals. The analysis focused just on the two older groups since the two subjects at 1:6 years did not vary in the form or meaning of their multiword locative utterances.

Individual Subject Trends

Tables 3 and 4 show the syntactic patterns used in dynamic and static contexts by each of the four subjects at 2:5 to 3:0 years and 4:6 years, respectively. The pooled group data shown on Table 2 are repeated in the left column of each table to ease their comparison with the individual data.

Consider the data on Table 3. Although the group data show all seven patterns represented at 2:5 to 3:0 years, indi-

TABLE 2. Mean percentages of syntactic constituent patterns used in dynamic and static locative meaning contexts at each age.

Syntactic constituent patterns	*1:6 Years (N = 2 Ss)*		*2:5-3:0 Years (N = 4 Ss)*		*4:6 Years (N = 4 Ss)*	
	Dynamic	*Static*	*Dynamic*	*Static*	*Dynamic*	*Static*
A	100%		100% (*SD* = 0)		87% (*SD* = 12.1)	
B			100% (*SD* = 0)		100% (*SD* = 0)	
C			82% (*SD* = 13.8)		56% (*SD* = 0)	
D			78.5% (*SD* = 20.1)		60% (*SD* = 13.7)	
E				100% (*SD* = 0)		100% (*SD* = 0)
F				100% (*SD* = 0)		100% (*SD* = 0)
G				100% (*SD* = 0)		100% (*SD* = 0)

vidual performances within the group did not always mirror this outcome. Just one subject (LA) exhibited all seven patterns while the remaining subjects (KW, DD, and CM) each exhibited six patterns. Even when children used the same number of patterns, they differed in frequency of pattern use. In an extreme example, KM had just six occurrences of pattern C whereas CW had 81 occurrences. Frequency differences undoubtedly reflect natural variation in spontaneous sampling conditions. In fact, absolute frequency counts are likely to vary a great deal from child to child in naturalistic data.

The expected frequency variability among subjects raises questions about what frequency represents adequate performance and how to equate subject performances. These issues can be addressed by specifying a minimum frequency criterion that all subjects must exhibit in order to be judged as having stable or productive control over the performance in question.

Adopting the recommendation of Bloom and Lahey (1978), a criterion of five different occurrences of a syntactic pattern was used in the data analysis described here. On Tables 3 and 4, the asterisks identify the syntactic patterns that met this productivity criterion for each child at 2:5 to 3:0 years and 4:6 years, respectively.

The data show reduction in the number and types of significant patterns that occur, but individual differences still can be observed. On Table 3, for example, note that the number of productive patterns at 2:5 to 3:0 years, ranged from four (KM and LA) to six (DD and CW). Although KM and LA each had four patterns, KM's productive patterns did not include any

TABLE 3. Percentages of syntactic constituent patterns used in dynamic and static locative contexts by individual children at 2:5-3:0 years.

Syntactic constituent pattern	*Group*		*KM (Female)*		*LA (Female)*		*DD (Male)*		*CW (Male)*	
	Dynamic	*Static*	*Dynamic*	*Static*	*Dynamic*	*Static*	*Dynamic*	*Static*	*Dynamic*	*Static*
A	99% (*SD* = 0)		100% (*N* = 6)*		100% (*N* = 1)		95% (*N* = 19)*		100% (*N* = 20)*	
B	100% (*SD* = 0)		100% (*N* = 11)*		100% (*N* = 12)*		100% (*N* = 18)*		100% (*N* = 21)*	
C	82% (*SD* = 13.8)		86% (*N* = 6)*		76% (*N* = 21)*		100% (*N* = 25)*		67% (*N* = 81)*	*
D	75% (*SD* = 20.1)		71% (*N* = 5)*		100% (*N* = 18)*		95% (*N* = 21)*		48% (*N* = 29)*	*
E		100% (*SD* = 0)		100% (*N* = 4)		100% (*N* = 10)*		100% (*N* = 6)*		100% (*N* = 14)*
F		100% (*SD* = 0)		100% (*N* = 4)		100% (*N* = 2)		100% (*N* = 6)*		100% (*N* = 8)*
G		100% (*SD* = 0)				100% (*N* = 3)				

*Indicates that pattern was productive as measured by the occurrence of five different utterances in the sample.

TABLE 4. Percentages of syntactic constituent patterns used in dynamic and static locative contexts by individual children at 4:6 years.

Syntactic constituent pattern	*Group*		*ST (Female)*		*MW (Female)*		*DW (Male)*		*EC (Male)*	
	Dynamic	*Static*	*Dynamic*	*Static*	*Dynamic*	*Static*	*Dynamic*	*Static*	*Dynamic*	*Static*
A	87% (*SD* = 12.1)		67% (*N* = 3)		100% (*N* = 6)*		91% (*N* = 11)*	*	89% (*N* = 19)*	
B	100% (*SD* = 0)		100% (*N* = 8)*		100% (*N* = 12)*		100% (*N* = 23)*		100% (*N* = 12)*	
C	56% (*SD* = 0)		52% (*N* = 23)*	*	55% (*N* = 38)*	*	57% (*N* = 49)*	*	59% (*N* = 49)*	*
D	60% (*SD* = 13.7)		53% (*N* = 15)*	*	47% (*N* = 38)*	*	83% (*N* = 6)*	*	59% (*N* = 34)*	*
E		100% (*SD* = 0)		100% (*N* = 13)*		100% (*N* = 5)*		100% (*N* = 18)*		100% (*N* = 23)*
F		100% (*SD* = 0)		100% (*N* = 6)*		100% (*N* = 14)*		100% (*N* = 6)*		100% (*N* = 27)*
G		100% (*SD* = 0)				100% (*N* = 3)*		100% (*N* = 2)		

*Indicates that pattern was productive as measured by the occurrence of five different utterances in the sample.

which coded static locative meaning while LA's set included one such pattern (E). At the same age, DD used two patterns (E & F) to code static locative meaning. Like DD, CW coded static locative meaning with patterns E & F. But, in addition, CW coded static locative meaning with patterns C and D. He was the only subject at this age who had productive usage of patterns C & D for coding both static and dynamic locative meaning. Table 4 shows individual differences among 4:6-year-old children that did not conform to group trends.

The Notion of Invariance

Although individual variation exists, one should expect all children of each age group to exhibit some common features. Mutual speaker intelligibility obviously requires cross-speaker commonality or invariance in linguistic form and meaning. Such invariant features are assumed to define the minimum performance requirements that a speaker must meet in order to be judged normal, in spite of his/her individual difference. This commonality should reflect the strongest developmental shifts and hence, be the focal point of assessment tools. Therefore, linguistic analysis of normal language should aim to expose such group invariance as demonstrated below.

Table 3 shows that the two features common to all four children at 2:5 to 3:0 years included (a) productive usage of at least three different syntactic patterns: B, C, and D; (b) productive usage of these three patterns to code dynamic locative meaning only. These two features, though exceeded by three of the four children, are assumed to be among the cross speaker invariant features that can identify a 3:0-year-old child as having normal spatial locative expressions of the type studied here.

KM was the outlier in the group, but she was judged to be a normal speaker. If the above three features represent real invariant features of what normal 3:0-year-old children know about language, then they should be observed among 4:6-year-old children, plus additional ones. The data on Table 4 support this expectation.

The three features common to all 4:6 year old children included (a) productive usage of five patterns: B, C, D, E, and F,[1] (b) expansion of semantic contexts to include static locative meaning (E, F, C, and D); and (c) usage of the same syntactic patterns (C & D) to code both dynamic and static locative meaning.

It turns out that group characteristics derived from cross-speaker invariant trends capture developmental differences between the two older age groups that were not revealed by the group data on Table 2. The group data showed that the same types of syntactic constructions were represented at both ages. But, apparently, not all patterns were stable across children in the younger group since larger numbers of syntactic patterns were productive at 4:6 years (5 patterns) than at 2:5 - 3:0 years (3 patterns). Further, the coding of static locative events is strongly exposed as a major difference between the two older groups. It is clear, for example, that even when the same patterns were invariant for both groups (e.g., C & D), they varied in semantic distribution. At 2:5 to 3:0 years, every child productively used patterns C and D to code dynamic but not static locative events. Contrastively, every child at 4:6 years used the same patterns to code both dynamic and static locative events.

It is only this third set of analyses that points to clear developmental expectations about form related meaning relationships that can guide language assessment of an individual child. For example, given the invariance results, one might expect to observe certain syntactic patterns (viz. B and C) earlier than others (e.g., D, E, F, and G). The use of syntactic patterns to code dynamic locative events may be expected earlier than those that code static locative events. The use of the same syntactic pattern to code both static and dynamic locative events may be expected to emerge later than the use of a pattern to code locative events within one domain. Such observations also form the basis for hypotheses to be tested in subsequent longitudinal and cross-sectional developmental studies.

CONCLUSIONS

It is the kind of detailed painstaking approach to data sampling and analysis described above that is promising for solving the practical problems created by the absence of normative data. It should be apparent that a lot is required to describe the complex set of features that characterizes normal language. The above analyses have focused on just a minute aspect of developing language. For example, complex sentences for talking about location as well as interrogative forms were excluded from the above analysis. Grammatical features were examined just in the semantic domain of location. Casual inspection of the data shows that one or more of these simple syntactic constructions were used also to talk about the semantic notions of action, state, causality, etc. The generalization of structures across meaning categories is expected to complicate the developmental picture.

The amount of work and resources required to build an adequate normative data base becomes even more extensive when one considers the importance of sampling responses from a representative number of children. One should not get the impression that data on four speakers at an age group are sufficient to norm Black children's language behavior. It will be important to determine if the so-called invariant features derived here from intensive small group analysis actually apply to larger numbers of children at the same age. It is equally important to corroborate developmental trends by observing the same children over time with longitudinal data. The clinical assessment benefits that can accrue from this sort of careful approach to observation and description should be obvious.

The outcome of developmental studies on nonmainstream speakers are relevant to more than practical clinical issues. On a theoretical level, such data can be exploited to confirm the universality of previously observed linguistic features as well as expand the descriptions of features that already have been studied. With respect to the latter point, Stockman and Vaughn-Cooke's (1984) work on location can be cited.

Their preliminary results suggested that the usual acquisitional focus on individual locative words like *in*, *on*, and *under*, in isolation of their static and dynamic semantic/syntactic contexts, may not adequately capture the complexity of developing locative expressions. Preliminary results pointed to four subcategories of dynamic and static locative constructions that appear to have developmental saliency. Such categories reflect children's ability to talk about dynamic locative events, in terms of the origin of object displacement (*It's going down*) the destination of object displacement (*It's going there*) or some combination of these dimensions (e.g., direction plus destination as in *It's going down there*). The acquisition of thse subcategories of locative expressions has never been described systematically for any group of children although they appear in semantic descriptions of adult English (e.g., Bennett, 1972; Leech, 1970).

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[1] It appears that pattern A verb + locative is an early pattern that no longer occurs consistently after 2:5 years.

The outcome of this locative research on Black children from working-class families is expected to be relevant to all children who learn a language. It should not be surprising that research on Black children can reveal developmental features that are relevant to all children. Such an outcome naturally follows when research on this population is guided by a conceptual framework that permits the study of the total range of language features learned and not just those features that are specific to BE.

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Chapter 20

PRAGMATIC ASPECTS OF THE LANGUAGE OF SPEAKERS OF BLACK AMERICAN ENGLISH

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An evolution of thought and attitude in accounting for the speech and language of a large number of Black American English (BAE) speakers has occurred in the last 40 years. On the basis of performance on tests of language, standardized primarily on middle-class Whites, many Black children compared unfavorably to White children. The results of this performance gave rise to the deficit model in accounting for the language of these children. The implication of the theory was that the underprivileged status of many Black children was at the core of their language deficiencies. Some researchers went so far as to say that the language of disadvantaged children, including their pronunciation, articulation, vocabulary, sentence length, and use of grammatical and syntactical structures, resembled the language of privileged children of a younger age level (Raph, 1967). In other words, the child's language development was arrested at an immature level.

The deficit theory prevailed in the literature well into the late 1960s when a number of linguists promulgated a descriptive rather than a prescriptive approach in accounting for the language of Black children. Rather than looking at the linguistic features as poor attempts at standard English, they provided evidence which demonstrated that BAE is a rule-oriented system of language which, while capable of useful comparison to standard English (as one might compare French to English), could also be described in its own right. The extensive work of Stewart (1966) and Labov and Cohen (1967) have provided evidence of the existence of a structured, well-oriented BAE language which contains structures that do not occur in Standard American English (SAE). Lavatelli (1967) compared certain BAE structures with their SAE counterparts. She found that the BAE structures are as difficult to learn as the SAE structures and that the rules governing one are no less complex or demanding than the rules governing the other. In comparing the structures, *He sick* (which refers to the immediate present) and *He be sick* (which means that he is usually sick) she concluded that the distinction is as difficult to learn as the SAE equivalents *He's sick* and *He's sick all the time*.

In an effort to shed light on the matter of whether or not the language spoken by Black (disadvantaged) children was characteristic of an earlier developmental stage of language of White (privileged) children as Raph (1967) had suggested, Baratz (1969) designed a study to test such an hypothesis. She suggested that if the language system used by White children is used as the criterion for correctness and if the language of Black children of a given age is characteristic of that of younger White children then the White child should be able to use BAE as well as the Black child. Baratz designed a study in which Black and White third- and fifth-graders were asked to repeat sentences in BAE and SAE. The results indicated that White subjects were significantly better than Black subjects in repeating the SAE sentences and that Black subjects were significantly better than White subjects in repeating BAE sentences. Baratz concluded from this that there are systematic differences between the two dialects and that BAE does not represent an immature or earlier stage of SAE but a legitimate system of language which varies predictably from SAE. Similar differences in dialectal skills were observed by Lewnau (1981) in an investigation of phonemic skills of Black and White subjects. The examiner administered two tests of auditory discrimination—one in BAE and one in SAE—and two tests of articulation in each of the two dialects to 64 subjects with equal numbers of Black and White subjects. The results of this study indicated the following:

1. White subjects performed better than Black subjects on the SAE test of auditory discrimination.
2. Black and White subjects did not perform differently on the BAE test of auditory discrimination.
3. White subjects performed better than Black subjects on the SAE test of articulation.
4. Black and White subjects did not perform differently on the BAE test of articulation.
5. Black subjects performed significantly better on the BAE tests of auditory discrimination and articulation than on the BAE test of auditory discrimination and articulation.
6. White subjects performed significantly better on the BAE test of auditory discrimination than on the SAE test of auditory discrimination.
7. White subjects did not perform differently on the BAE and SAE tests of articulation.

The finding that White and Black subjects performed similarly on the BAE tets of auditory discrimination and articulation is due not to any demonstrated proficiency of Whites in BAE nor any indication that BAE is an earlier developmental form of SAE over which White subjects have mastery. Instead, it is due to the fact that all of the phonemes that are included in the inventory of BAE are also included in the inventory of

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SAE, the reverse is not true. Therefore, on both tests, White subjects were responding to phonemes that were in the inventory of their primary dialect, SAE. For Black subjects, this was true only when the tasks presented were in BAE.

The careful description of the language spoken by many Black Americans, along with evidence of differentiated abilites of Black and White children in using the structures of BAE, gave rise to the difference model which began to replace the deficit model in accounting for BAE. Both the deficit model and the difference model focus primarily on the expressive aspect of language structures. In addition to the finding that Black children have mastery of BAE linguistic structures, Baratz' (1969) study also showed that when presented with SAE structures, Black children correctly "translated" the structures into BAE, indicating comprehension of the SAE structures. This comprehension of both BAE and SAE structures raised the question of whether or not these children were bidialectal, at least receptively. Lewnau (1973) investigated the possibility of bidialectalism in three groups of Black children who were grouped on the basis of the educational level of the mothers and the economical level of the neighborhoods: Low Education Background from a working class neighborhood (LEW); Higher Education Background from a working-class neighborhood (HEW); High Education Background from a middle/upper class neighborhood (HEM). The following findings were reported:

1. Children from the LEW and children from the HEW groups were better able to imitate linguistic features given in BAE than in SAE.

2. Children from the HEM groups were equally able to imitate linguistic features from BAE and SAE; these children were also able to imitate BAE linguistic features as well as children from the other two groups and were superior to the other two groups in their imitation of SAE.

The performance of the latter group indicates a measure of bidialectal ability perhaps accounted for by the fact that most Blacks, even educated middle-class Blacks, have competency in BAE along with their competency in SAE. Thus, the model of bidialectalism appropriately describes the language ability of some speakers of BAE.

With ample evidence of the existence of BAE as a rule-governed system of language bearing a predictable and systematic relationship to SAE, several conclusions have been drawn:

1. In assessing the language of children, the criterion of correctness must be the language (dialect) to which the child has had primary exposure in his/her linguistic community.

In selecting tests to be used in formal assessment, and, in determining the criterion for correctness, both formally and informally, it is necessary for the clinician to address two basic questions: (a) What is the child's competence in language? and (b) What is the child's competence in Standard American English? The first question is an appropriate clinical question while the second is an appropriate pedagogical question. For some children these two questions may be one and the same. For BAE speaking children, they are not.

2. In testing abilities other than language but where language is used as a medium (e.g., tests of intelligence, tests of achievement, etc., more accurate information may be obtained through use of the child's own language, BAE).

With regard to the second conclusion, research has provided some interesting and revealing findings. Osser, Wang, and Zaid (1969) assessed the abilities of 5-year-old Black and White children to imitate and comprehend SAE. After finding that Black children scored lower on the language tasks, the imitation test was rescored for the Black children to account for the SAE-BAE contrasts. When the scores of the two groups of children were subsequently compared, researchers found that Black children still performed below White children. The difference in performance, then, could not be accounted for entirely by BAE grammatical features. Lewnau and Wiener (1982) analyzed results of a test of SAE derivational and inflectional morphology in order to provide a qualitative description of subjects' performance. They found that even when they disregarded "errors" due to BAE-SAE contrasts, a large percent of errors remained.

Similarly, Frasure and Entwistle (1973) found that merely allowing for BAE was insufficient in accounting for different performance between Black and White subjects when a task of sentence recall was administered to middle-class White and lower-class Black and White kindergartners, first- and second-graders. The task reflected linguistic differences of BAE as well as a sensitivity to tester effects and the test situation. The authors accounted for the superior performance of middle-class White subjects by suggesting that while semantic content facilitated recall at all grades, middle-class White children used semantic and syntactic cues more frequently than both lower-class White and lower-class Black children. Lewnau (1973) designed a study in which 9- to 12-year-old subjects were asked to recall the details of two stories—one in BAE and one in SAE. Results of the study indicated that children from working-class backgrounds retold as many details from the SAE story as they did from the BAE story despite the fact that these same children were significantly better at imitating BAE sentences than they were at imitating SAE sentences. Levy and Cook (1973) found similar results in their efforts to investigate the relationship between the Black child's dialect and school achievement. They found that regardless of the subject's oral language proficiency in SAE and BAE, Black second graders scored higher on the auditory comprehension questions when presented with oral stories in SAE than did comparable subjects presented with the same stories in BAE. Levy and Cook (1973) concluded that the findings of superior performance in the SAE condition is inconsistent with a difference model prediction but is consistent with a bicultural model condition.

Quay (1971) investigated the relationship between dialect, age and performance on the Stanford-Binet Test of Intelligence. The test was administered in SAE and translated into and administered in BAE to 100 4-year-old Black children divided into four groups: (a) BAE dialect, tangible reinforcement, (b) BAE dialect, intangible reinforcement, (c) SAE dialect, intangible reinforcement. No significant differences were found among the groups. Quay suggested two possible explanations for the fact that the choice of dialect had no effect on performance. First, IQ scores for these children were so close to normal (above 95 in all cases) that changes in testing procedure, including dialect, could do little to boost their already effective performance. Second, language used for the 4-year-old level in the test is very simple and there is a preponderance of nonverbal items at the lower age levels of the test.

In 1974, Quay replicated a portion of the study (omitting the two conditions of reinforcement) with an older group of Black third- and sixth-graders with whom a greater amount of language would be required than for the 4-year-old group. Again, no significant differences were observed among the groups. The mean IQ scores, however, were lower than for the 4-year-old group: there was a mean IQ of 88 for third graders and a mean IQ of 81 for sixth graders. Quay pointed out an interesting finding from the sentence imitation subtest of the IQ test. Children performed very poorly under both language conditions. Quay raised questions about the use of imitation tasks for studying the language of Black children since, as she concluded, the children seemed to be handicapped in their ability to imitate even when their own language patterns were used.

The findings of all these research efforts suggest that merely taking into account the impact of the child's BAE linguistic system on his performance on SAE-based tests is insufficient in accounting fully for poor test performance. While recognition of BAE as a legitimate, rule-governed system of language has been crucial, it has not been the panacea that had been hoped for. Research cited here is testimony to the fact that there is more to be understood about the communication of BAE speaking children, and, indeed of all children if we are to have a more comprehensive understanding of language development in general and BAE in particular. The finding that children do not necessarily improve in performance on standardized measures when the dialect is corrected to match their own is indeed a troublesome motion. The remainder of this paper will address this dilemma.

Research that led to our understanding of BAE as a rule-oriented system of language made use of methodologies that were cross-sectional rather than longitudinal. These approaches were not unlike those used in the count studies in the 1950s (McCarthy, 1954; Templin, 1957) which did not look at language development on a longitudinal basis for a given child, but rather at language growth at given points in time for large numbers of children. Like the count studies, this research focused only on the surface structure of language, its form—phonology and syntax. The more comprehensive view of language which emerged in the 1970s as the framework for both defining language and describing language development as consisting of form, content, and use was not applied to descriptions of BAE. In addition, much of the research on BAE was concerned primarily with comparisons to SAE. Essentially, research provided evidence of the systematic relationshp between SAE and BAE and showed the following:

1. The basic differences between the phonemic systems of BAE and SAE are in the rules underlying the *distribution* rather than the *inventory* of the phonemes of the two dialects.
2. Differences between BAE and SAE syntax, while mainly in the surface structure, exist both in the inventory and distribution of grammatical rules.

When researchers began to investigate the validity of BAE as a rule-governed system of language they did so using a methodology and a framework which had proven to be inadquate for a comprehensive description of language and language acquisition in the general population. Questions of language content and language use were not addressed in this research. Research had shown that the form of BAE could be described and that a description would show both similarities to and differences from SAE. A description of the knowledge of the content and use of BAE, as well as acquisitional data of language form possessed by speakers of BAE was yet to be obtained. So, while research provided enough evidence to suggest the systematic nature of the dialect, the evidence was fragmented and therefore limited in its ability to fully explain relevant communication factors for speakers of BAE. Hence, an adequate explanation for the continuing discrepancies in performance of speakers of BAE and SAE remained elusive.

Some of the more recent research in the language of Black children has responded to the need for a framework for Black children research which reflects the theoretical and methodological approaches currently used in language acquisition research in general. Stockman and Vaughn-Cooke (1982) have engaged in research described as focusing on "the stages which characterize the processes involved in acquiring the total Black English system, not just those structures that differ from 'SAE'" (p. 168). Their efforts have been devoted to identifying the semantic content and the grammatical and phonological patterns of the language of working-class Black children. Their aim is to analyze the phonological and grammatical structures based upon a description of the semantic component (See Chapters 7 and 19). They state that "the use of framework that views semantic knowledge as more basic than form will allow us to separate that which is general and universal in linguistic systems from that which is restricted and specific" (p. 169). They emphasized the point that a description of the semantic content of the language of BAE children would provide evidence of the existence of linguistic knowledge of forms characteristic of BAE but not of SAE.

A small body of research focusing primarily on language use in Black children has also emerged in the literature (Mitchell-Kernan & Kernan, 1977). This research, while not developmental, has made use of spontaneous language samples to describe the rules that govern the use of the grammatical and phonological structures in the language community of these children.

Recent research by Blake (1984) sought to investigate language acquisition of three working-class Black children. Blake's study is extraordinary in that it has combined the theoretical framework and methodology to a study of language acquisition in children. Blake conducted a longitudinal study of the language content, form and use of three children over an eighteen month period. The following conclusions were drawn from her observations:

1. "The language development of these Black children could be described adequately with the same relations that have been used to describe the language of middle-class White children confirming the basic similarities between the two groups. Thus, Black and White children produce similar forms in their speech and use basically the same relations to encode their meanings during early language learning." (p. 196)
2. Where differences occurred, they did so in the propor-

tional distribution of the relations. Specifically, these differences were observed in only 2 of the 21 categories of relations. *State* which was used earlier and more frequently, and *Other* (vocative, social expression, stereotype routine, time, affirmative, mood, manner, conjunction, epistemic and causality), which differed in relative frequency.

Blake explained that the relative frequency of the relations appears to be related to aspects of language use. She further suggested that "Because the experience of language is context dependent, variation in the distribution of relations due to situational variables must be considered" (p. 206). Blake concluded that while White children use these relations, her observations led her to believe that these relations, which were described as being more *interactive*, are an integral part of the communication style of Blacks. She concluded that the differences in distribution and frequency of these relations reflect a distinctiveness in communication style in Blacks and Whites. This difference in style is thought to be an aspect of language *use*.

Interactive language functions, thought to be dominant in Black culture, encourage the participants to "verbally 'act' upon one another so that talk is raised to the level of performance" (p. 230). A major goal of this function is to engage the listener in performance. Blake interpreted the findings of her study to reflect the cultural orientation of the children's experiences. While children used noninteractive functions (mathetic - the use of language for learning about reality) of language, the interactive functions were the most frequently occurring for the children—even in the context of the playroom which was essentially noninteractive in nature.

Different communication patterns for Blacks and Whites have been observed in various ethnographic studies (Abrahams, 1970, 1976; Heath, 1980; Labov, 1972; Ward, 1971). The interactive function of language in Black communication has been described in the literature. For example, Gay and Abrahams (1973) surveyed some of the underlying cultural differences that affect the testing situation for Black children. They pointed out that the approaches teachers use to obtain information from Black children reflect the cultural (Euro-American) orientation of the school, while the children's responses reflect their home culture. They suggest that in the Black child's cultural setting, the child is expected to perform verbally and to demonstrate abilities expressively and interactively. The motivational impetus for the child to perform is provided by others in the environment. More total interaction is involved as opposed to a clear back and forth style. In the testing situation, this audience support is absent and the culturally sanctioned verbal and kinetic performance in demonstrating the child's knowledge and performance abilities is not rewarded.

In reviewing the status of research on language development in Black children, Bloom (1979) stated that the differences in test performance between Black and White children is as much cultural as it is linguistic. She emphasized the importance of future research being influenced less by educational, political, and linguistic considerations, and more by developmental and sociological factors.

This more comprehensive view of language as well as increased knowledge of the role that culture plays in language development (i.e., functions that language may serve) can enable us to better assess the language development of minority children and more accurately interpret the language behavior that we observe. In an effort to develop norms on an existing test of language development for speakers of Black American English, Wiener and Lewnau (1983) administered the Test of Language Development (TOLD) to a group of BAE-speaking children. As expected, the norms that emerged were lower than those for children on whom the test had been standardized. It was assumed that the different levels of performance would be due in large measure to the BAE linguistic features of the subjects, particularly since the children selected for participation in the study were chosen on the basis of their identification as speakers of BAE based on their performance on the Test of Dialect Dominance (Lewnau, 1980). Prompted by informal observations made during the test administration, and, in an effort to provide clinicians and teachers with a description of the performance of BAE children on standardized tests of language development in order to account for the BAE in their scoring, the investigators carefully examined the responses made by the children to the three production subtests: Oral Vocabulary, Sentence Imitation, and Grammatic Completion. One of the observations made during the testing, and that which motivated this research, was that children were not getting credit on Oral Vocabulary items which researchers intuitively felt children knew regardless of their class and cultural experiences. For example, children were reaching a ceiling very early in the test of Oral Vocabulary due to missing words like *bird*, *face*, *door*, *sugar*, *finger*, *baby*, etc. The researchers decided that it would be useful to describe children's responses to these items in view of the possibility that children were giving answers to questions that did not fit the categories of expected responses on grounds other than their knowledge of these particular vocabulary items. On the basis of an analysis of children's responses children's answers to the questions could be categorized as shown in Table 1.

The largest category of errors on Oral Vocabulary could be accounted for by category 2, *Insufficient Response*, which accounted for 41% of the errors. Another 34% of the errors could be accounted for by category 3, *Some Associative Use of Work, Too General*. Since 75% of the responses, then, could be accounted for by categories which indicated knowledge of the words, it seemed safe to conclude that while children ob-

TABLE 1. Percentage and rank of error by category on the Oral Vocabulary Subtest of the TOLD.

Category of error responses	*n* = 54	
	Percent	*Rank*
No responses	14	3
Insufficient response	41	1
Some associative use of word but too general	34	2
Repetition of word in a sentence without defining	6	4
Unrelated response	5	5

viously knew the words an accurate scoring of the subtest would suggest poor vocabulary development. One possible explanation for this dilemma is that knowledge of vocabulary is only one part of what is being tested here and that test scores say as much about language use as they do about language content. It is interesting that only 5% of the error responses were categorized as *Unrelated Response* and 14% as *No Response*. Even when children's responses fell into category 4, ***Repetition of Word in Sentence without Defining***, it was apparent that the child knew the word since it was used appropriately in the sentence. Even these responses may well have reflected an inconsistency between the child's sense of language use and that required in the test situation. It appeared that the testing process was inconsistent with the child's previously learned interactional styles.

There is further evidence that the subtest of Oral Vocabulary did not measure what it was designed to for BAE children. The researchers also administered the TOLD to a group of language-impaired BAE children. The finding that normal BAE children and language-impaired Black children did not perform significantly differently on Oral Vocabulary raises the question of the validity of the test in assessing Oral Vocabulary for these children. It seems that some other phenomenon is being measured and that this other phenomenon—perhaps language use—is alien equally to both groups of children. Minimally, a test of language development should distinguish the abilities of normal and language-impaired subjects. While Blake (1984) demonstrated that her subjects showed knowledge of language functions not serving the performance (noninteractive) orientation, functions that could be used for performance (interactive) were most frequent. This was true even in the playroom context which might have highlighted nonperformance functions. She concluded that the distribution of language functions reflected a cultural preference which was communicated to the children by their mothers. Further, her analysis revealed that the high frequency of interactive language use was not disturbed by the highly noninteractive nature of the playroom. It seems, then, that the child's own internal motivation, interactive language use, took precedence over the contingencies of the external situation. This finding may help shed light on our understanding of the relative importance of the impact that, for example, the school setting often has on the behavior—language and otherwise—of children whose cultures differ from the majority school culture. To be sure, Blake's (1984) subjects used language to label, classify, and describe persons, objects and events in the environment; however, in situations where such as (noninteractive) would have been a priority for others, these children were predominant in their interactive use of language.

An analysis of responses to the Sentence Imitation subtest of the TOLD in the Lewnau and Wiener (1982) research led to a categorization of answers as shown in Table 2. The largest single category of errors was category 4, ***Substitution, Addition, and/or Contraction of Words***. The third category, ***Omission*** or ***Change of Inflectional or Derivational Morpheme*** and the sixth category, ***Tense Change***, are categories which one would expect to reflect more of the BAE-SAE contracts. Yet these two categories account for only 26% of the errors. Certainly, there are linguistic differences in the two dialects, but the fact that they do not account for a large majority of the errors in Sentence Imitation is quite revealing. Again, the possibility that this subtest may not be testing what it purports to test in BAE subjects - knowledge of linguistic structures, even in SAE - cannot be overlooked.

TABLE 2. Percentage and rank of error by category on the Sentence Imitation Subtest of the TOLD.

Category of error response	*n* = 54	
	Percent	*Rank*
No response	0	6
Omission of entire word or words	25	2
Omission or change of inflectional or derivational morpheme	23	3
Substitution, addition and/or contraction of word/s	48	1
Transposition of words	1	5
Tense change	3	4

One of the conditions for good performance on the Sentence Imitation task is precision in imitations. In other words, the subject cannot take liberty with the sentences which are to be repeated. Perhaps the need for this kind of specificity is not integral to a culture where interactive (performance) functions have priority. Research by Lewnau (1973) and Houston (1968) suggested that some children (Black and working-class) take more liberties in responding to test questions than the situation requires or, more importantly, rewards.

The subjects' response to the Grammatic Completion subtest to the TOLD was most revealing. Table 3 shows the categories of responses. This subtest assesses the subject's knowledge of SAE morphology. It was expected that for children whose language is predominantly BAE, poor performance would be accounted for by BAE - SAE linguistic contrasts. It was interesting to note that only 36% of the errors could be described as BAE contrasts as shown by category 4, *Semantically Correct-Syntactically BAE*. Initially, there was the temptation to say that due to a predominance in BAE, children were not making the same use of SAE cues as would BAE speakers. However, 39% of the responses could be accounted for by errors that were either wholly or partially due to the child's going beyond the semantic-syntactic constraints of the sentence. Twenty-two percent were categorized as *Non-use of Syntactic/Semantic Cues*. Responses that were beyond the semantic/syntactic constraints of the sentence may well be measuring a phenomenon other than language form/content as the task purports. One hypothesis is that the child's behavior reflects an aspect of language use—a performance orientation—which permits the speaker more liberty in what is expressed and because of this, the child does not perceive the need to stay within the semantic/syntactic boundaries. If engaging a speaker in communication has priority in communication then some liberty in so doing is probably appropriate. The behavior of the child in this task may say a great deal more about the child's knowledge of language use than it does about the knowledge of language form/

TABLE 3. Percentage and rank of error by category on the Grammatic Completion Subtest of the TOLD.

Category of error response	*n* = 54	
	Percent	*Rank*
No Response	4	6
Syntactically correct, beyond semantic constraints	21	3
Semantically correct, beyond syntactic constraints	6	5
Semantically correct; syntactically non-SAE or use of BAE	36	1
Non-use of syntactic/semantic cues	22	2
Non-use of syntactic/semantic cues any beyond semantic constraints	7	4
Beyond syntactic constraints and use of BAE	1	7
Beyond semantic constraints and use of BAE	4	5

content which it is to measure. Furthermore, it must be kept in mind that these three components of language are not separate and independently functioning areas. In their description of language, Bloom and Lahey, (1978, p. viii) cite two fundamental assumptions regarding their view of language learning:

1. "Linguistic forms and elements of content come together so that one aspect of messages cannot be considered apart form the other; the form of a language always relates to content . . ."
2. "The form of a message and the content that is represented in the message have to do with how individuals use their messages in communication contexts. The form and content of language always relate to language use."

Irrespective of which components of language a test artificially divides language into and purports to measure individually, it is not possible to assess one in isolation from the other. In other words, the form that one chooses to use will be greatly influenced by the function to which one has been exposed in communication contexts. Both the inventory and distribution of these functions will be culturally transmitted. Interpretation of children's responses to Grammatic Completion according to test guidelines presupposes the child's behavior will be guided by the semantic/syntactic constraints of the stimulus sentence. Indeed, it was difficult to know how to score a child's response who completed the sentence, "Joe likes to play. Right now he is *tired*," or "A lady likes to drive. Every day she *home*." Aside from use of the BAE zero copula in the latter sentence, the child demonstrates the perception that there is no need to remain within the semantic boundaries of the lead sentence. This perception of the speaking situation is derived from experiences in the child's own culture and has been communicated through communication situations to which the child has been exposed. Some researchers question whether language can really be tested at all. Rosenthal and Jacobson (1968) found that sex, class, ethnicity, as well as conceptual set or expectations of the test administration can affect the test-taker's attitudes, performance, and perceptions of the test.

It is appropriate to say that to the extent that the presumptions underlying procedures used in testing a language are consistent with the pragmatics of the child's culturally influenced language, is the extent to which the child is successful in the task and the test results are valid. To the extent that they diverge, that is, to the extent that the child's perception of the use of language in the test situation differs from the underlying assumptions about language used in the test, is the extent to which the child wil be unsuccessful and the test results are invalid. All aspects of language testing must be viewed with the notion that the interaction of language content, language form, and language use is present in all language testing, even that which ostensibly tests only one component. Additionally, it must be considered that the assumptions about language use which underlie the test procedure may be inconsistent with the inventory and/or distribution of language use in the cognitive and cultural experiences of BAE children.

In the Lewnau study (1973) mentioned earlier, a story retelling task was administered to subjects who were orally presented with two short stores—one in BAE and one in SAE. After each presentation, subjects were asked to retell the story by giving back as many details as possible. The purpose of this task was to determine if subjects' recollection of the details was related to the dialect in which the story was told. Results of the study revealed the following:

1. Children from Low Education Background and Higher Education, Working-Class Background retold as many details from the selection presented in one dialect as in the other. Also, these two groups performed similarly in the recall of details despite the fact that both groups performed better in the imitation of BAE sentences than in the imitation of SAE sentences.
2. Children from High Education, Middle-Class Background retold as many details from the BAE selection as from the SAE selection; they also retold more details from both dialect presentations than either of the other two groups. It should be noted that children in this group, unlike children in the other two groups, demonstrated equal ability to imitate sentences in BAE and SAE; they were superior to the other two groups in imitating SAE sentences and equal to them in imitating BAE.

One noteworthy observation was the finding that the form of the story (BAE vs. SAE) had no effect on the number of details retold for any of the three groups. The form of the dialect appeared to have no impact, suggesting the possibility that a phenomenon more fundamental than dialect was a factor in the behavior observed. One important question from these findings is why is it that children from Higher Education, Middle-Class Background retold more details from both dialect presentations of the story than children from the other two groups. Was it the case that children from the Higher Education, Middle-Class Background were smarter than children from the other two groups? Or was it that children in this group perceived the task differently from children in the other two groups such that it facilitated better performance? A closer analysis of the responses of the three groups of children revealed that children in the two working-class groups had the gist of the story and were as verbal in their responses as were children in the middle-class groups. The difference in performance seemed to center around the finding that children in the working-class groups tended to give details that were not in the original story. Although guided by the essential elements of the stimulus story, they did not appear to feel constrained by the limits of the story.

Houston (1968) made a similar finding in a story retelling task that she administered to four groups of subjects: lower- and middle-class Black children and lower- and middle-class White children. She found that both middle-class groups correctly repeated more of each story than did the two lower-class groups and that the Black lower-class group performed more poorly than did the corresponding White group. Houston did not feel that the differences in performances of the groups were due to any lack of understanding of the story since all children gave an accurate summary of the story's essential plot. An analysis of children's responses showed not only accuracy of retold details, but also original or creative material. Houston found that lower-class Black children were more likely to retain only the skeleton of the original story and to add details not present in the original version of the story. In interpreting the findings, Houston stated that White children seemed much more likely to follow instructions than Black children who hear the same instructions, understand them and respond differently.

In an effort to interpret findings in the Lewnau (1973) study, it was suggested that cultural experiences and cultural values may determine how a child responds when required to perform such academic tasks as retelling a story and similar tasks. If language use indeed has primacy in the language act and determines the content and form of the utterance (Bates, 1976), then the inconsistency between the perceived function by the child and the actual function of the task may lead to a misinterpretation of the findings. It is suggested here the performance of children in both the Lewnau (1973) and Houston (1968) studies were reflective of a use of language which is interactive and is very consistent with the norms of some (BAE) linguistic communities. The middle-class groups engaged in a use of language which was more consistent with presumptions underlying language use in the test and which, furthermore, was consistent with the knowledge and distribution of use learned in experiences communicated to them in their daily lives. Rather than interpreting the findings to reflect differences in intelligence and/or memory or linguistic abilities, it may be far more accurate to interpret them as reflecting differences in the functions of language which give rise to different form and/or content.

These observations suggest that the behavior of Black children on standardized tests of language development perhaps can best be accounted for within a framework which views language as an interaction between form, content, and use which are not separate but interrelated even in test formats which ostensibly assess only one or the other aspects. Furthermore, this behavior must be interpreted in the context of the role that test-takers' perception of the task plays—this perception being determined by the functions served by language in given linguistic communities.

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Chapter 21

COMMUNICATION DISORDERS IN AFRICA AND THE CARIBBEAN: SOME IMPLICATIONS FOR BLACK AMERICANS

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Research, both basic and applied, undergirds all aspects of the field of communication disorders. Because of its dearth, research on communication disorders in minority populations is particularly important. In addition, research on the nature, prevalence, assessment, and management of communication disorders in minority populations, together with normative research on these same populations, might help to recruit more minority individuals into the discipline, or into a particular training program, by providing a cultural interface between minority students and their home communities. Equally important, such research provides all communication disorders practitioners with a data base for providing high quality, appropriate, and effective clinical services to minority populations.

In recent years, a number of court decisions, legislative initiatives, and professional guidelines have come forth which speak directly or indirectly to the delivery of clinical services to individuals from minority populations. For example, P L 94-142 and P L 98-199 require consideration of cultural issues in service delivery through subsections pertaining to nondiscriminatory assessment. In 1983, the American Speech-Language-Hearing Association (ASHA) published guidelines for the delivery of service to minority handicapped persons and to speakers of various social dialects. Despite these developments, the fact remains that there are considerable gaps in the research literature on virtually every basic and applied research topic in communication disorders as it pertains to virtually every cultural, ethnic, or linguistic group that differs from the American White, middle-class, English-speaking mainstream. So long as these gaps continue to exist, effective implementation of federal law, court decisions, and professional guidelines will remain a theoretical idea, rather than a functional reality.

The purpose of this paper is to explore the available research literature on communication disorders on populations outside the United States that may be quite similar to the largest racial minority population in the United States—African-Americans—for the purpose of gaining insights into cultural and/or race linked dimensions of pathologies of communication. This "case study," which could be replicated for other cultural groups in the United States, will focus on research reported form the Caribbean (excluding Puerto Rico) and sub-Sahara Africa (excluding the Union of South Africa).

The theoretical framework for the paper may be stated as follows. Most minority populations in the United States, excluding Native Americans, Eskimos, and some Mexican-Americans, have their cultural and linguistic roots in other parts of the world. While these "other world" cultures may differ sharply from their recycled versions in the United States, there are probably sufficient linkages to permit us to gain insights into those aspects of communication disorders that are linked to cultural and/or racial factors in contradistinction to those which are unrelated to culture or race.

Admittedly, the genetic pool and environmental/social conditions in the United States are substantially different from those in Africa and the Caribbean. Yet, it is quite possible that certain race linked diseases (e.g., sickle-cell disease), and some culturally linked values (e.g., the value of orality), are sufficiently strong to at least permit some interesting comparisons to be made.

Another related thesis of this paper is that the study of communication disorders in minority populations in the United States should not be placed into a parochial, American centered paradigm. There is much to learn from research outside the United States. Conversely, communication disorders researchers in the United States have much to offer individuals in those parts of the world in which most of the cultural and linguistic minorities in the United States have their historical roots. As implied above, this argument is not limited to persons of African ancestry, but is probably applicable to most cultural, racial, and linguistic minorities in the United States.

Background

As background, the following statistical data are presented. Sub-Sahara Africa, excluding the Union of South Africa, has a population of over 300,000,000 people (larger than the population of the United States); and contains the 10th largest nation in the world, Nigeria, with a population of over 80,000,000 (larger than any country in Europe). The Caribbean consists of 11 independent nations, and several European and United States colonies, with a combined population of approximately 25,000,000 persons, about the size of the Republic of Canada. These regions of the world are largely Black, but their citizenry consists of persons of numerous racial backgrounds. Linguistically, the region is characterized by the presence of several European languages as national languages (mainly English and French, although Spanish, Dutch, and Portuguese are national languages in several places), and by hundreds of indigenous languages and dialects. For example, in Kenya alone there are 49 ethnic languages alongside two national languages, Swahili, an African/Arabic linguistic hybrid, and English. In addition, there are numerous Creole languages spoken in Africa and the Caribbean that generally utilize a largely African phonology, syntax, and communication system superimposed over a lexicon derived from a European language (e.g., Krio, the English-based Creole of Sierra Leone and the French Creole spoken in Haiti). In short, these regions of the world face far more bilingual, indeed multilingual, issues and complexities than are faced in the United States. In some cases, more comprehensive efforts in language policy and planning have occurred in these regions than in the United States, particularly on issues pertaining to the teaching of second and third languages and dialects, and on the maintenance of indigenous languages and dialects.

Finally, linguistic and communicative norms are used throughout Africa and the Caribbean which have been established on an external population—primarily from Europe and the United States—to determine the status of language function in both children and adults. The result is the utilization of questionable clinical criteria, assessment instruments, and management strategies for addressing the needs of individuals with communication disorders. This situation is similar to the situation in the United States. Indeed, virtually all Black populations in the world are in the untenable position of having their language evaluated in a language or dialect that is substantially different from the indigenous language or dialect of the masses. This situation is parallel to the situation faced by a few other minority groups in the United States (e.g., Native American and Eskimo people). For several other minorities, however, there are normative linguistic data and clinical instruments and educational materials available in a "home country language" (e.g., Spanish from Puerto Rico and Mexico, Japanese from Japan, Vietnamese from Vietnam, etc). The language variation issue may be of somewhat less value from organically based communication pathologies, including hearing pathologies, although the case could be made that research foci have been disproportionately placed on organic conditions that exist in Euro-American populations with far less attention placed on disease entities and syndromes that occur primarily, if not exclusively, in minority populations.

THE RESEARCH AND CLINICAL LITERATURE

An examination of the research and clinical literature in communication disorders reveals the existence of approximately 45 English-language articles on Black populations in Africa and the Caribbean, excluding Blacks who might be counted in studies of Hispanic populations in Puerto Rico and Cuba for example.[1] In comparison with the available data on European populations, and even on Black populations in the U.S., the magnitude of this published research is obviously small. At the same time, the research that has been reported suggests some interesting trends.

Definitions of Communication Disorders in African and Caribbean Populations

In the context of what we know about the social and cultural dimensions of the form, content, and use of language by people around the world, it is obvious that a communication "disorder" in any society can only be defined from the vantage point of the speech community of which a given speaker is a member. For this reason, no single standard can be articulated for communication disorders among humankind.

A review of the literature from Africa and the Caribbean fails to reveal the existence of scientific research on what these populations consider to be pathological in communicative behavior. This same analysis reveals, however, that virtually all of the disorders reported to exist in the United States exist in some form in African and Caribbean populations, even if with different prevalence figures.

Fajemisin (1980) claimed, for example, that even such disorders as stuttering, otosclerosis, and Meniere's disease, which have been previously reported by some to be virtually nonexistent in Black populations, do exist, in fact, in African populations, at least in Nigeria, where Fajemisin conducts otolaryngology research and clinical practice. Both Fajemisin and Okeowo and Nwanze (1978), however, have observed that many persons in Nigeria who stutter, or even have an articulatory problem, do not typically find it necessary to seek professional help for such disorders because of a general societal acceptance of them. Although this impression needs to be confirmed by formal research, rather than by anecdotal clinical reports, cultural definitions and priorities for normal speech and language function, especially when associated with non-organic etiologies, may differ greatly from population to population. These differences may be a contributing factor to the tendency by many minority persons, including many in the United States to not find it necessary to take advantage of clinical services, even when they are made available free of charge and provided at convenienet times and in accessible places.

INCIDENCE, PREVALENCE, AND NATURE OF COMMUNICATION DISORDERS IN AFRICA AND THE CARIBBEAN

There is much debate on the incidence and prevalence of communication disorders among Blacks in the United States, owing greatly to the absence of sufficient normative data for speech/language behavior and the absence of culturally and linguistically sensitive assessment instruments. While most research shows a higher prevalence of communication disorders in Blacks, the research of Taylor, Hester, and Stewart (1983) suggested that when adjustments for test bias are made, the prevalence of communication disorders in Blacks is similar to the prevalence in Whites. To date, no nationwide incidence surveys have been reported in the communication disorders literature for African or Caribbean populations. There are, however, some prevalence data available from a few medical settings in Kenya (Lumba, Odura, & Singh, 1977) and Nigeria (Okeowo & Nwanze, 1978) which suggest that despite inconsistencies in nomenclature, clinical criteria, and assessment instruments, all of the major types of communication disorders reported for Euro-American populations and for Black populations in the United States are also seen in Africa, but that the relative frequency of occurrence of these disorders in Africa (and perhaps in the Caribbean) can be at variance with reports from these populations. There are reports on the prevalence and characteristics of certain specific pathologies—specifically hearing disorders and maxillofacial anomalies (including cleft lip and palate) that can be reported in some depth.

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[1] The author has not conducted a literature search in the Spanish, French, Portuguese, or Dutch language.

Hearing Disorders

In a number of studies, the prevalence and incidence of hearing disorders in African and Caribbean populations are reported to be similar to that for White populations in Europe and the United States. In some cases, however, hearing disorders are reported to occur less often.

For example, Rosen's research (1966) on the Mabaan people in southeast Sudan suggest a lower incidence figure. Rosen reported that the Mabaan, a dramatically quiet people who eat a low-cholesterol diet and almost no red meat, have a very low incidence of hearing loss. They also seem to age slower than Western people, have longer life spans, and a low incidence of arteriosclerosis. There is virtually no difference in their diastolic blood pressure between the ages of 15 and 75 years, and coronary heart disease is unknown. Rosen's data showed that at all age levels (10–70 years), Mabaans' hearing sensitivity is significantly more acute than people of corresponding ages living in urban areas in the United States, as well as persons living in Dusseldorf, Germany and Cairo, Egypt. Further, Mabaans have a 50% smaller air-bone gap at 4,000 Hz at age 55 than Whites. Indeed, the 4,000 Hz air-bone gap of 12 dB (long considered to be normal by age 55) does not occur in Mabaans until age 75!

Refusing to attribute all of the Mabaans' extraordinary hearing to a quiet environment, Rosen (1966) explored the diet variable by studying changes in Finnish persons after changing their diets to correspond with that of the Mabaans. Finland was chosen for the study because the Finns are known to have diets containing large quantities of saturated fat, mainly from whole milk and butter. The dietary alterations resulted in many positive physical changes in the experimental group such as lower serum cholesterol levels, lengthened blood-coagulation time, slightly lowered myocardial ischemia levels, and significantly lower levels of new coronary heart disease. For our purposes, however, the most remarkable finding was that 5 years after the dietary changes, the hearing of individuals in the experimental group, for all age groups under study (40–49 years and 50–59 years), was superior at all frequencies. Indeed, experimental subjects demonstrated hearing levels comparable to Whites 10 years younger. Further, the aforementioned air-bone gap at 4,000 Hz was much smaller for the experimental group.

Rosen's research is important not only because it documents the extraordinary hearing of a group of African people, but because it suggests an apparent link between diet, arteriosclerosis, and coronary heart disease. Since these problems can be improved with diet, a strong case can be made for making serious attempts to alter dietary habits among Black people around the world who are known to have high-cholesterol diets.

The relationships between diet and sensorineural hearing loss has also been highlighted by the reports of Monekosso (1963); Monekosso and Wilson (1966); Osuntokun, Monekosso, and Wilson (1968, 1969); and Hinchcliffe (1972). In oto-neuro-ophthalmological syndrome in Nigerians and neuropathy in Jamaicans, cyanide-containing cassava is an etiological factor. In both countries cassava is consumed liberally.

In addition to the above articles, there are several scattered reports of major etiological factors associated with hearing loss in Africa. The following reports have been summarized as follows by Hinchcliffe (1972) of the University of London.

1. Kenya—meningococcal meningitis (Ormerod, 1961);
2. Tanzania—pneumococcal meningitis (Ormerod, 1961) and ataxic neurological syndrome (Haddock, Ebrahim, & Kapur, 1962);
3. Malawi—arbovirus encephalitis and chronic suppurative otitis media (Drummond, 1968);
4. Uganda—chronic suppurative otitis media (Martin, 1967; Roland, 1960);
5. Nigeria—oto-neuro-opthalmological syndrome (Monekosso, 1963; Osuntokun, 1968); and
6. Seychelles and Mauritius—neuro-otological patterns.

Hinchcliffe (1972) has also reported that African people generally show a different pattern of neuro-otological hearing disorders than Europeans, probably for genetic reasons, and that their incidence of hearing loss is generally lower. Among Jamaicans, he reports that poor hearing levels of many persons in that country, especially women, are associated with neurological and opthalmological defects that characterize the ataxic type of Jamaican neuropathy, which is possibly identical to the ataxic neuromyelapathy reported by Osuntokun et al. (1968) in Nigeria. There may be dietary factors related to this phenomenon. In any case, both samples are too small to generate definitive conclusions relative to the generalizability of this trait in the genetic pool of African people. Obviously, more research data are needed to evaluate this idea.

The issue of the relationship between sickle-cell disease and hearing loss has also been documented by some research conducted on African and Caribbean populations. Working in the United States, Morgenstein and Manance (1969) observed many pathological, temporal bone findings including: absence and abnormality of many inner and outer hair cells, sickle cell engorgement of striate vessels, and venous and capillary blockage by clumped sickle cells throughout the temporal bone. Morgenstein and Manance (1969) speculated that their findings probably represented progressive or degenerative changes associated with sickle-cell crisis. They were believed to be cumulative, following several sickle-cell attacks during the life of the child.

Todd, Sergeant, and Larson (1973) have published some of the most extensive data on hearing loss associated with sickle-cell disease. Reporting on the hearing of 83 Jamaicans between 10 and 39 years of age, Todd et al. (1973) found that 22% of the persons with sickle-cell disease demonstrated a sensorineural hearing loss of 25 dB or more in one or more frequencies in at least one ear, compared to a prevalence figure of only 4% for normal controls. Both sexes were affected and the higher frequencies were most vulnerable. Interestingly, the losses seemed to be slow in onset, probably increasing with each sickle-cell crisis. These researchers argued that anemia and thromboses (clots) are probably the two most important causative factors for hearing loss following sickle-cell crisis.

While more research is needed on the relationship between sickle-cell disease and hearing loss, this disease provides an excellent example for making the point that data from international sources in Africa and the Caribbean can shed light on important issues in communication disorders in the United States. Scott (Chapter 3) presented a most comprehensive coverage of sickle-cell disease and hearing loss in this monograph.

MAXILLOFACIAL ANOMALIES-CLEFT LIP AND PALATE

Clefts of the lip and palate, together with other structural anomalies of the head and face, are major causes of articulation and voice problems. For the most part, these anomalies are caused by genetic factors or by intrauteral teratogenic factors. Study and treatment of communication disorders associated with maxillofacial anomalies represent a major subspecialty within the disciplines of speech-language pathology and audiology.

There are conflicting data on the incidence of cleft lip and palate in Blacks. Some clinicians have reported that such conditions rarely occur in Blacks, and are more likely to occur in those Blacks with some type of Caucasian genetic history. The published research on this topic by such researchers as Cole (1980), however, calls this impression into serious question.

Fajemisin (1980) has observed that reports of maxillofacial anomalies in Africa are not rare. For example, David, Edoo, Mustaffah, Hinchcliffe, and Adamarobe (1971) reported a high incidence of maxillofacial anomalies associated with profound congenital deafness among the Adamarobe villagers in southern Ghana. Gupta (1969) found a prevalence of 1 to 1,055 of facial clefts in births in a large general hospital in a western region of Nigeria (an unselected population of neonates). Oluwasanmi and Adekunle (1970) and Oluwasanmi and Kogbe (1975) have also reported cases of congenital facial clefts in Nigerians. Fajemisin (1980) has reported that teratogenic infections and drugs seem to affect pregnant Black women in the same way as White women. He observed further that many cases of maxillofacial anomalies might be overlooked in Nigeria because severe cases aspirate and die during forced feeding, the traditional way of artifically feeding babies in certain parts of the country.

There are two major studies on maxillofacial anomalies in the Caribbean. Robertson (1963) reported a 1:1,888 prevalence rate in Trinidad for Blacks and, interestingly, an astoundingly high rate of 1:500 for the East Indian population of that country.

Millard and McNeill (1965) conducted a rather thorough analysis of 56,000 births at the Victoria Jubilee Hospital in Jamaica from 1960 to 1963 to project the following prevalence figures for maxillofacial anomalies among Jamaicans: cleft lip 1:6,250; cleft palate 1:9,091; cleft lip and palate 1:3,704; all types of maxillofacial anomalies 1:1,887. Millard and McNeill (1965) suggested three interesting, although unsubstantiated, reasons for the relatively low prevalence of maxillofacial anomalies among Blacks, especially in the Americas. First, it is suggested that infanticide was practiced on deformed infants in some African tribes. Second, they argued that only the strongest persons were selected by Europeans to be brought to the Americas as slaves. Third, Millard and McNeill (1965) advanced the notion that the institution of slavery itself resulted in a weeding out of the physically weak from the Black population.

The Waardenburg Syndrome is occasionally mentioned in the literature as one which occurs from time to time in African populations. Hageman (1980) reported that this autosomal dominant hereditary condition may cause maxillofacial anomalies; pigment disorders of the eyes, hair, and skin; and congenital deafness. One type of patient (Type I) seems to have maxillofacial anomalies, specifically a lateral displacement of the medial corners of the eye, a broad nasal root, and confluent eyebrows. Type II patients reportedly do not have the maxillofacial anomalies.

Hageman (1980) asserted that congenital bilateral deafness is the most serious characteristic of the Waardenburg Syndrome, occurring in 25% of the Type I patients, and in 50% of the Type II patients. Reporting on his research on 16 out of 19 schools for the deaf in Kenya, Hageman reported that out of 724 Ss, 11 cases (1.5% of the population) were found. While the Waardenburg Syndrome is not limited to persons of African ancestry, it appears to occur in sufficient numbers to warrant more research on the subject, particularly on the speech, language, and hearing disorders which accompany the disease.

TEACHING STANDARD ENGLISH AS A SECOND DIALECT

While the speech-language pathologist's primary responsibility is to provide treatment services for individuals who have communicative disorders, ASHA's 1983 position paper on Social Dialects permits speech-language pathologists to teach Standard English as a second dialect on an elective basis if they meet certain competencies.[2] Some, if not many, persons might quarrel with this position for a variety of reasons. The fact remains, however, that a paucity of data-based research has been reported on effective techniques for teaching second dialects on communication systems, while maintaining the integrity of indigenous dialects and communication systems.

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[2] These competencies include the knowledge of: (a) the speaker's native dialect; (b) contrastive analysis procedures; and (c) the effects of attitudes toward language behaviors.

In the last decade or so, there have been several experimental language instructional projects in Africa and the Caribbean which have considerable implications for the teaching of Standard English as a second dialect in the United States. In West Africa, Bamgbose (1976) and his colleagues have developed a very successful method for teaching English to Nigerian children by utilizing the "mother tongues" of the children in the early years of their education, and transitioning to English during the second half of the elementary school years. Craig (1983) and his group in Jamaica have also reported on their work in Jamaica with speakers of the indigenous Creole language of that island nation.

Professionals in communication disorders with interest in second language and/or dialect instruction issues for Black speakers would do well to become familiar with the research on language teaching being conducted in Africa and the Caribbean. This research supports the contention that clinical and educational services for minorities in the United States might benefit from greater awareness by professionals of developments in other parts of the world.

SUMMARY AND CONCLUSIONS

Based on the literature reported to date on communicative disorders in Africa and the Caribbean, the following conclusions can be made:

1. Blacks suffer from most, if not all, of the speech, language, and hearing disorders suffered by members of other racial groups.

2. Contrary to popular belief, some disorders previously thought to not exist, or rarely exist, in African peoples (e.g., stuttering and maxillofacial anomalies, may indeed exist, although at different incidence levels).

3. The incidence of speech, language, and hearing disorders in African and Caribbean peoples is unknown, due in part to biased instruments, lack of national surveys, and inadequate knowledge of various cultural definitions of communication pathology. Among Blacks in the United States, there is some evidence which suggests that previous figures on the incidence of speech/language disorders in Blacks are too high, and that these figures can be brought closer to reality when culturally valid norms and assessment procedures are employed.

4. Some disease entities (e.g., sickle-cell disease), environmental factors (e.g., lead poisoning), and social factors may exist in isolation or in combination with each other to produce different pathological characteristics and incidence figures for some communicative disorders for Blacks in comparison with persons from other racial groups.

In addition to the above conclusions, it can be also observed that while no specific therapy models have been advanced for African or Caribbean populations, considerable progress has been reported from these locations on second language instruction which utilizes indigenous language systems. These advancements may be of particular value to speech/language pathologists in the United States who are interested in becoming competent to teach Standard English as a second dialect, or interested in providing services to bilingual persons.

This author proposes a need for greater research in Africa and the Caribbean on the following topics:

Definitions of and priorities placed on various types of communication pathologies.

2. Developmental sociolinguistic norms.

3. Culturally and linguistically valid assessment procedures.

4. Incidence of various types of communication disorders.

5. Clinical descriptions of behavioral characteristics of communication disorders associated with disease entities, environmental conditions, and social phenomena which greatly impact on Black populations.

6. Culturally based therapeutic models for providing treatment services for persons with communication disorders.

7. Pedagogical techniques for teaching oral skills in a second language or dialect which utilizes and seeks to maintain indigenous languages and dialects.

The issues discussed in this paper provide good evidence for *not* allowing national political boundaries to limit where research on minority populations is conducted. It appears that comparative studies among minority populations in the United States with their "old world" counterparts can be quite significant in determining etiological factors associated with communicative disorders which may be in the genetic pool of a particular racial or ethnic group. Of course, this research could result in important benefits to many persons inside and outside the United States. Hopefully, more research effort, greater research funding, and increased international collaboration will result from this recognition.

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Note. Information can be obtained on funding sources for research and/or training opportunities for minorities by writing to any of the individuals listed here: Betty H. Pickett, Ph.D., Sue Badman, Ph.D., and/or Levon O. Parker, B.S., National Institutes of Health, Division of Research Resources, Building 31, Room 5B54, Bethesda, MD 20205, (301) 496-7441

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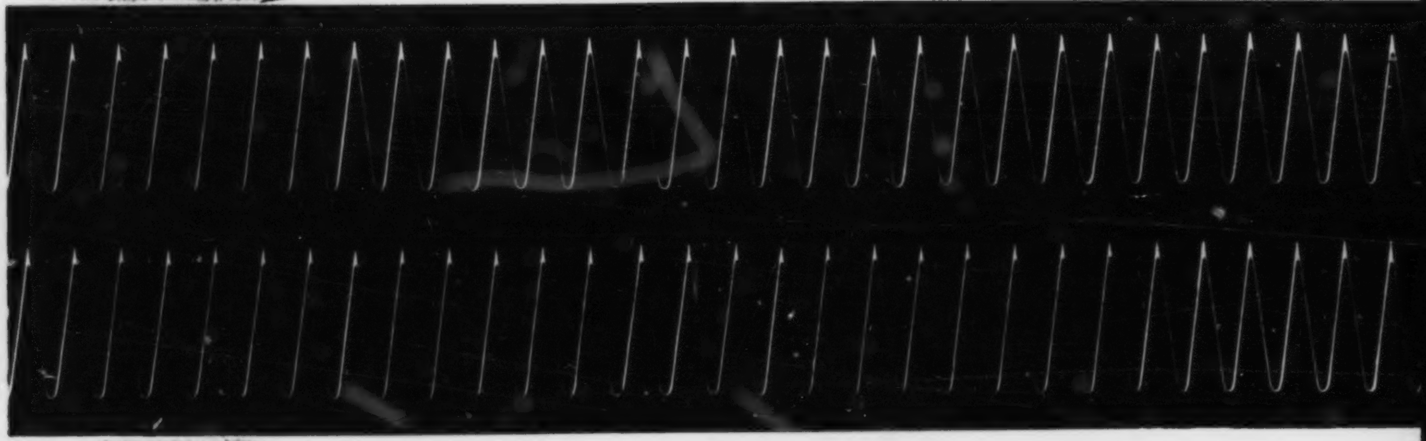

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